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**Echoing Teachers' Voices: A Study Exploring Teachers'  
Perceptions of Play, Play Therapy, and Play Therapy Skills  
Training**

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**by**

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**Dissertation**

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

**Doctor of Philosophy**

**The University of Texas at Austin**

**May, 2009**

## **Dedication**

I dedicate this dissertation and degree to my God and Father in Heaven, and my Lord, Jesus Christ; for without Him, I could do nothing and achieve nothing. He has given me strength and perseverance to conquer this highest mountain that I have ever climbed, and all of the obstacles along the way. I also want to dedicate this degree to my grandmother, whom I lost when I started this PhD program. I will always remember the love and attention she gave me. Lastly, I want to dedicate this dissertation to my unborn baby, for he or she was with me for the last period of my writing process. I was blessed to have him or her for the time I did.

## **Acknowledgements**

As I'm sitting in front of my notebook writing acknowledgements, I can finally, proudly and thankfully say that it is done. This has been a very long, humbling, and challenging journey. I know in my heart that I couldn't do this all by myself. I am blessed to have support, love, and encouragement from my dear husband, Dr. Michael Smith, my family in Taiwan, my family here in Austin, friends, all of my committee members, and people who didn't even know me, but faithfully prayed for me. No words can express my gratitude toward the people who love me and saw me through all of my struggles to get to this point. Michael, thank you for having faith in me, crying with me, listening to me, reasoning with me, praying for me, and much more that you did to support me and encourage me when I started to lose hope with so much fear and doubt. I'm so thankful that you are with me. Dad, I want to thank you for your sacrifice in continuing to work so you could help me with my tuition. You have done more than a dad could do. I thank my mom, my parents-in-law, R. G., my dear five sisters, my sisters-in-law, and friends for your love, prayers, and support for me. I also want to thank my advisor, Dr. Stuart Reifel, for his patience, support and encouragement over the years. Thank you for not giving up on me, and for your challenges in my thinking and writing. Thank you, Dr. Homeyer and Dr. Maloch for being there for me when I needed you. Thank you, Dr. Moore and Dr. Briley for being part of my committee. Lastly, I want to thank the teacher participants for their willingness, time, and effort. Thank you for sharing your thoughts and experiences with me so openly and honestly.

# **Echoing Teachers' Voices: A Study Exploring Teachers' Perceptions of Play, Play Therapy, and Play Therapy Skills Training**

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The University of Texas at Austin, 2009

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There has been a growing amount of research on play therapy skills training both with parents and teachers. These studies revealed promising results on the effectiveness of play therapy skills training; however, a majority of the studies were quantitative in nature. The current study implemented a qualitative approach to exploring teachers' beliefs about children's play and play therapy by investigating the perceptions and experiences of a group of teacher participants who received play therapy skills training. Individual interviews were conducted and data analysis generated category themes to answer research questions. Findings suggested that the play therapy skills training had an impact on teachers, the child of focus, and the teacher-child relationships. The training led to changes in teacher participants' perceptions of play, play therapy, and children, and a pattern seemed to emerge in the influence the training had on teachers. Teachers perceived changes in themselves in terms of awareness, attitudes, skills, and emotions. Teachers' views of play appeared to be changed and shaped to be more consistent with the ideas of play therapy. Two of the four teachers reported observing positive changes in behaviors of the child of focus.

Three of the teacher participants indicated changes in teacher-child relationships with the child of focus. Teachers seemed to generalize play therapy skills from the playroom to the classroom. Teachers perceived that using play therapy skills helped them build better relationships with children, interact with children more positively, manage the class more effectively, and ultimately reduce their stress and frustration. Overall, the play therapy skills training suggested positive results with teacher participants, the child of focus, and teacher-child relationships. However, there were also challenges, disadvantages, and constraints observed and perceived by the teachers. Challenging issues in applying play therapy skills in the classroom included the perceived difficulty of being both a teacher and a therapeutic agent to the child of focus, and finding an appropriate classroom balance between permissiveness and structure. Three of the four teacher participants expressed their desire and excitement to continue applying play therapy skills with other students in a new school year. Implications and limitations of the study, and recommendations for further research are discussed.

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## **Chapter One: Introduction**

This study explored teachers' beliefs about children's play, play therapy, and play therapy skills (PTS) training. Teachers' perceived experiences of using play therapy skills with a child of focus in the playroom and with other students in the classroom were also investigated. Among new approaches to working with children in the early childhood classroom, PTS training is a way of using play therapy skills in the classroom with children who may have challenging behaviors. As a new approach for early childhood teachers, PTS training deserves study. With limited previous studies on how teachers acquire PTS training, this study may benefit teachers, teacher educators, play therapy trainers, and ultimately children.

According to a report from the United States Public Health Service (2001), an increase in violence and suicide among American youth drew experts' attention to the critical consequences of not meeting the mental health needs of children. The report described the lack of appropriate mental health services for children, especially for the most disadvantaged families, as a national crisis (United States Public Services, 2001). Based on the overview of mental health services for children, one in five children was diagnosed with mental, emotional or behavioral disorders. However, 70 percent of those children did not receive mental health services (Kenny, Oliver, & Poppe, 2002). The report from the United States Public Health Service identified several factors explaining why children have not received appropriate care for their needs. They were: a shortage of mental health professionals specially trained to work with children, a

lack of accessible services, and the need for early intervention, specifically involving caregivers in the delivery of services.

A positive correlation was shown between the increases in academic, social, and mental health problems and the factors of domestic violence, poverty, drug and alcohol abuse, and homelessness (United States Public Health Service, 2001). The negative impact on young children's development from poverty, substance abuse, and domestic violence has stimulated a significant amount of research literature that expresses support of early intervention for young children who grow up in disadvantaged homes (Tompson & Happoid, 2002; Yokshikawa & Knitzer, 1997).

Experts in the fields of mental health and early childhood education have focused on the importance of a systemic approach for meeting the mental health needs of children and addressing the lack of mental health resources and service accessibility. This approach has been based on a belief that young children's primary relationships with parents, grandparents, or in many cases, teachers play a critical role in their development and mental health (Guerney, 1964; Guerney & Flumen, 1970; Yokshikawa & Knitzer, 1997). In school, there have been prevention or intervention programs aiming to teach children emotional intelligence (EQ) and to prevent later social or academic problems. However, many of these programs fail to reach identified goals (Chaloner, 1998). Chaloner (1998) explained that the main reason these programs have failed is because they attempted to teach children social skills or EQ through verbal curriculum. The programs did not use the developmentally appropriate and effective vehicle of children's play to communicate and interact with children.

Based on developmentally appropriate practices (NAEYC, 1997), mental health professionals have trained parents and teachers in how to respond to children's play. Basic play therapy skills training has been used to help parents and teachers deal with challenging children and enhance relationships with children. However, training teachers with play therapy skills is a relatively new practice and the study of this process has yet to generate a large body of research literature. This study will explore how this training process affects the attitudes and beliefs of teachers with regard to children and children's play.

### **Play and Play as a Therapeutic Tool**

The philosophical discourse on play has a long history, dating to the ancient Greeks and many scholars continue to study and discuss the meaning, process and function of play. Through different lenses of understanding and interpreting play, both research and theory indicate the significance of play for children's physical, cognitive, social, emotional and language development (Frost, Wortham, & Reifel, 2005). Play is recognized as an important part of children's learning and development in early childhood education. The National Association for the Education of Young Children (NAEYC) has published outlines on developmentally appropriate practices to encourage play-based curriculum (Bredekamp & Copple, 1997). Reifel and Yeatman (1993) suggested that "how we think about play reflects how we think about children" (p. 364). Vygotsky (1966) concluded that play is the leading source of development during the preschool years. He proposed a theory of a zone of proximal development (ZPD): the distance between what a child can do independently and what a child can master through play or with the help of adults or more competent peers. Play

creates a ZPD, allowing a child to perform above his usual behavior, as if he were a “head taller” than himself (Vygotsky, 1978, p. 102).

Wood, Bruner, and Ross (1976) used “scaffolding” to describe Vygotsky’s notion that social interactions with adults and more competent peers promotes a higher level of development. Although many scholars have built on Vygotsky’s social-constructive theory, most have focused on intellectual or cognitive development while little emphasis has been placed on affective or emotional development. Goldstein (2002) explored and elaborated Vygotsky’s work on the relational and affective aspects of ZPD. Goldstein suggested the zone of proximal development not only included intellectual development, but also affective development. She concluded that Vygotsky himself regarded affect and intellect as “interconnected and inseparable” (Goldstein, 2002, p. 41). The importance of social interactions and relationships were also proposed and emphasized by Goleman (1995) and Shore (1997). Goleman (1995) indicated that emotional intelligence (EQ) not only promotes socio-emotional functioning, it also improves children’s academic achievement scores and school performance. Shore (1997) reviewed literature on brain research and strongly supported the idea that early childhood experiences have a deep impact on the brain and its capacity to think, learn, regulate emotions, and support social functioning. Chaloner (1998) combined research on children’s EQ, early brain development, play and child development, and developed a model called PALS (Play and Language to Succeed). PALS was a training program to facilitate teacher-child interactions and limit-setting. The program was designed to help teachers to connect with their behaviorally challenging students. By integrating this program into the nature of daily teacher-child interactions, the developmentally

appropriate “brain/relationship-based” communication model has benefited teachers and students (Chaloner, 1998).

Looking through the lens of a psychoanalytic perspective, play assumes an important role in early personality formation. Freud (1964) and Erikson (1963) were among the first psychoanalysts to recognize the therapeutic power of play and to use play as part of child therapy. Throughout the twentieth century, child developmentalists, psychologists, and other behavioral scientists continued to emphasize and advocate the therapeutic power of play for children (Axline, 1947; Erickson, 1963; Caplan & Caplan, 1973; Landreth, 2002; Webb, 1991; & Schaefer, 1993). Through observing play, adults are provided with a window into the world of children. Play therapy is concerned with the therapeutic relationship that develops between a child and a therapist through the context of toys and other play materials. “It is an opportunity which is given to the child to ‘play out’ his feelings and problems just as, in certain types of adult therapy, an individual ‘talks out’ his difficulties” (Axline, 1947, p. 9). Landreth explained that children express themselves more fully and more directly through self-initiated spontaneous play than through verbalization because they are more comfortable with play (Landreth, 2002).

The Association for Play Therapy (2006) defines play therapy as “a structured, theoretically based approach to therapy that builds on the normal communicative and learning processes of children.” Play therapy is one of the fastest growing professions in the mental health field (Kao & Landreth, 1997), and it has become a widely accepted method of working with children (Phillips, 1985; Bratton & Ray, 2000; Ray, Bratton, & Jones, 2001; Landreth, 2002).

There are several reasons that play therapy is believed to enhance changes and growth in children. As adults communicate through verbalization, children use play to communicate and learn (Ginott, 1961; Landreth, 2002). Therefore, the fundamental belief of play therapy is congruent with the guidelines of developmentally appropriate practice (NAEYC, 1997), and is responsive to the developmental needs of children (Landreth, 2001; Moustakas, 1955). Axline (1969) believed that play is the child's "natural medium for self-expression" (p. 16). PT helps children express what is in their mind when they do not have verbal language to express their thoughts and feelings (Gil, 1991). Second, play therapy offers children a safe medium to express feelings or demonstrate past experiences in a symbolic way. Landreth (2001) described that the symbolic distance shields children from the intensity of their own feelings and gives them a sense of safety from feelings that might be too overwhelming to express directly. Terr (1990) believed that play is the most effective way to enhance internal changes in traumatized young children for "play therapy gives the traumatized child the opportunity to work through his problems without necessarily 'seeing' that problem as his own" (p. 299). In play, the problem becomes someone else's, such as the dinosaur, the snake, or the baby doll. Third, the acceptance and understanding that the child experiences in the therapeutic relationship gives the child freedom to move toward greater self-acceptance and self-understanding (Axline, 1969; Landreth, 2001). Moustakas (1959) stated that it is through this relationship that the child "restores the powers of his individual nature and affirms his real self" (p. 3).



## **Filial Therapy**

In the early 1960s, Bernard Guerney and his colleagues developed filial therapy as an approach to the treatment of emotionally disturbed children (Guerney, 1964). Filial therapy is an approach based on child-centered play therapy techniques. Parents are taught the elements of play therapy, which include developing skills in reflecting feelings, becoming more accepting of their child's feelings, and setting limits on their child's behavior with a caring, non-judgmental attitude (Levant, 1983). The objective of filial therapy is to help the parent become the therapeutic agent in the child's life through the naturally existing emotional bond between parent and child. According to Landreth (2002), filial therapy creates change within the parent, the child, and the relationship between parent and child.

## **Child Parent Relationship Therapy Model**

The Child Parent Relationship Therapy (CPRT) model, based on Guerney's philosophy of filial therapy, was developed by Landreth and Bratton, and was formalized into a textbook, *Child Parent Relationship Therapy (CPRT): A 10-Session Filial Therapy Model* (Landreth & Bratton, 2006). The CPRT model was first used to train parents with play therapy skills, and later was extended for use with in-service teachers (Smith, 2002), and pre-service teachers (Brown, 2003). Morrison (2006) and Helker (2006) later adapted the CPRT model and used the Child Teacher Relationship Training (CTRT) model as an experimental treatment to train Head Start preschool teachers. The training included two phases: a 10-week training and supervision phase that followed the basic ideas and procedures of CPRT, and a 10-week modeling and coaching phase that

focused on helping teachers generalize the play therapy skills into the classroom setting.

### **Kinder Therapy**

Guerney and Flumen (1970) also demonstrated the successful application of filial therapy in training teachers to act as therapeutic agents for withdrawn children. Knowing the developmental needs of young children and recognizing the impact a teacher can have on children's learning and social relationships, White, Flynt, and Draper (1997) developed a teacher-training model called Kinder Therapy. Kinder Therapy trains teachers in basic play therapy skills and Adlerian constructs that can be used first in the playroom and then in their classrooms (White, Flynt, & Jones, 1999). Relationships between children and significant adults play a critical role in children's lives in terms of their socio-emotional development (Pianta, 1999). Teachers who provide for children's emotional development needs are likely to function as attachment figures, similar to parents (Howes & Bowman, 2002). Research indicates that there is a strong correlation between the teacher-child relationship and children's academic performance (Birch & Ladd, 1997). Moreover, the quality of the teacher-child relationship early in the child's academic career has been shown to be a strong predictor of children's behaviors later in their school years (Hamre & Pianta, 2001). Teachers, especially early childhood education teachers, play a significant role in children's lives because of the unique and high degree of relational processes occurring in the classroom as part of the learning environment, making the teacher-child relationship even more critical (Pianta, 1999).

Play therapy skills training can enhance the teacher-child relationship, helping to create and maintain a positive working climate in the classroom.

Understanding the effects of play therapy skills training on teacher beliefs and attitudes about children, play, and learning, may benefit teachers, teacher educators, play therapy trainers, and ultimately children.

According to Pajares (1992), teachers' beliefs impact their perceptions and judgments, and will affect their behaviors in the classroom. Knowledge of how the training process affects teachers may provide insight into how to improve the training process and better prepare teachers in using their classroom interpersonal skills.

This study examined the experiences of a group of elementary school teachers who participated in a play therapy skills training program. The teachers' beliefs about play and play therapy were explored as they participated in the eight-week training group. Play therapy skills training has been offered to parents to improve their relationship with and understanding of their children. Providing this training to teachers is a relatively new practice and its effects on teacher attitudes and beliefs continue to be researched. This study sought to expand knowledge of this topic through a qualitative approach allowing teachers to have their own voice regarding this experience.

#### **PURPOSE OF THE STUDY**

The purpose of this study was to explore teachers' beliefs about children's play and play therapy by investigating the perceptions and experiences of a group of teacher participants who received eight-week play therapy skills training. Teachers' perceptions were examined to understand how play therapy skills training affected the value teachers placed on play and teachers' understanding of the significance of play and play therapy. Teachers' experiences of their use of play therapy skills with children and the effects the training had on the teachers,

the children, and the teacher-child relationships were also investigated. Ultimately, this research may benefit teachers by increasing knowledge about skills that will help them face challenging children with more confidence, increasing insight into their own values and the choices they make in responding to students, and by contributing to teacher training and education programs.

## **Chapter Two: Review of Related Literature**

The following literature review will focus on two elements: teachers' beliefs about play and training teachers with play therapy skills. There has been research on training teachers with basic play therapy skills to help them deal with challenging children in their classrooms. However, the number of studies on teachers' beliefs and attitudes about play as a therapeutic tool remains small.

Pajares (1992) suggested that it was important to study teachers' beliefs because personal beliefs have a strong effect on how teachers practice. However, Wilcox-Herzog (2002) had a different report on the relationship between beliefs and actions. When she studied the link between teachers' beliefs and behaviors on 47 early childhood teachers, she found that there was not a relationship between teachers' beliefs and actions. Stipek and Byler (1997), and Bennett, Wood, and Roger (1997) proposed several reasons teachers were unable to implement a curriculum consistent with their beliefs. According to them, teachers' behaviors were affected by external constraints such as the expectations of administrators, parents, and other teachers, pressures from the National Curriculum, limited space and resources, adult-child ratios, and the daily timetable. Clark and Peterson (1986) believed that teachers had theories and belief systems that affected their perceptions, plan, and actions. In spite of different results from studies on teachers' beliefs and their links to behaviors, it appears both the implicit and explicit beliefs that teachers have can be important information as researchers seek new knowledge and insight about how to improve our teacher education and training.

## **TEACHERS' BELIEFS ABOUT PLAY**

A study conducted by Bennett, Wood, and Rogers (1997) examined teachers' theories of play to determine the relationship between teachers' theories of play and their practices in the classrooms, and to examine the limits imposed by this relationship. Nine early childhood teachers participated in this three-stage qualitative study that included collecting narratives, leading focus groups, conducting individual interviews, and reviewing videotapes of classroom practice. The teachers' theories of play were grouped into six major areas: play and learning; control, ownership, and the role of the teacher; play in the curriculum, learning intentions and outcomes; assessing and interpreting children's learning through play; constraints between theory and practice; and play and work.

Teachers' beliefs about the distinction between play and work emerged as an important link to the teachers' teaching orientation. In theory, play was defined as child-initiated activities that were based on children's interests and needs. In contrast, work was defined as teacher-initiated activities. In practice, however, the distinction was not clear. The researchers found that play was incorporated in teachers' pedagogical practices in different ways. Play, especially role play was widely used in different curriculum areas such as social and language development. This was consistent with teachers' concerns about play in a school context, as teachers expressed that children's play should be 'educationally worthwhile and integral to their management of learning' (Bennett et al., 1997, p. 118). However, the ways the teachers directed children's choices, controlled the degree of freedom, and engaged in social engineering were inconsistent with

their indicated theories. The external constraints between ideals and reality were articulated by teachers to explain the inconsistency between theory and practice.

Bennett et al. (1997) also reported that watching and reflecting on the videotapes of their classroom practices provided teachers with insight about the nature and quality of play in practice. The process of reviewing tapes and reflecting led to the unexpected outcome that both the teachers' theories of play and use of play were changed. The awareness of agreement and inconsistency between their theories and intentions, and practices and outcomes led them to think differently about their classroom practice. The teachers expressed a need for both theoretical and practical support so that inconsistencies could be reduced. In order to support the professional development and change of the teachers, the researchers suggested a high quality of teacher education that would provide in-depth opportunities for reflection and evaluation. Such education would assist teachers in learning how to adapt their theories to work within teaching constraints.

In examining the role of play in young children's education, Keating, Fabian, Jordan, Mavers, and Roberts (2000) conducted a study in ten primary schools in England. The focus of the study was on the role of play in the reception class. Researchers defined the participants as the five major stakeholders, who were the head teacher, the reception class teacher, the assistant teacher, the parent, and the child. Each participant was interviewed individually in a semi-structured, informal setting. All interviews were audio taped and transcribed.

The results showed that both teachers and parents recognized and expressed the importance of play in children's learning and development. They

believed that play could stimulate and extend learning. However, for the teachers there seemed to be a struggle between practicing that belief and meeting the demands of the curriculum. As a result of pressure from the curriculum, play was treated as a reward for the completion of work instead of a productive means of learning. The researchers found a contradiction between the teachers' expressed beliefs about play and their practices in the classroom. The gap between belief and reality was recognized by the teachers, creating a sense of guilt. The teachers felt guilty both for allowing children to play and not allowing them to play.

The researchers also found that there was still confusion between play and work. "Play" seemed to be a problematic word for some teachers because play indicated no learning. They preferred to use "choose", "explore", or "discover" rather than "play". Children who seemed to be influenced by adults expressed that work was more important than play. For them, "work" meant sitting down with a pencil and paper, and everything else they did was "play". Parents were found to have expectations that school should be a place and time for work such as reading, writing, and doing math.

Play was also used as an organizational tool, keeping children occupied while the teacher was otherwise engaged. In this case, play functioned as a holding task. Even though teachers and parents expressed the belief that children could benefit from adults' involvement in their play, this did not happen in many cases. It was clear to the researchers that there was a gap between beliefs, ideals, and practices regarding play, due to pressures of everyday reality.

Smilansky and Shefatya (1990) recognized the growing awareness of the role of sociodramatic play in children's cognitive and emotional development. To



examine the actual status of sociodramatic play in preschool curricula in the United States and in Israel, they conducted a questionnaire survey of sixty kindergarten and preschool teachers in both countries. The questionnaire was based on five basic issues. They were: equipment for sociodramatic play available in the classroom, the teachers' attitudes toward sociodramatic play as part of the curriculum, the teachers' awareness of the relevance of sociodramatic play for school success, the teachers' attitudes toward intervention in sociodramatic play, and training the teachers had received to assess and enhance sociodramatic play behavior.

The findings of the study were that all of the 120 teachers had equipment and facilities for play-house even though some of them only used one or two overused dolls. Regarding attitudes toward sociodramatic play as part of the curriculum, none of the teachers seemed to devote specific time for such play, nor did they expect all of the children to be involved in such activity. 90% of the teachers expressed that sociodramatic play was irrelevant for school success. However, 10% of the teachers believed that sociodramatic play contributed to children's emotional well-being. 20% of the teachers reported the need for intervening and promoting children's sociodramatic play, but most of them assumed that children would learn how to play on their own. None of the teachers received any training concerning assessing or facilitating sociodramatic play.

The role of sociodramatic play in young children's development and learning was addressed and studied by Kemple (1996). Kemple (1996) conducted a study to examine teachers' beliefs and practices regarding sociodramatic play by recognizing spontaneity of sociodramatic play among

young children, the impact of the teacher's role on children's sociodramatic play, and the gap between research and classroom practice. Eleven kindergarten teachers and thirteen preschool teachers took part in the interview-based qualitative study.

The results showed that all of the teachers expressed a belief in the importance of sociodramatic play, especially in children's socioemotional development and self-esteem building. They also believed that sociodramatic play could help children succeed in school. A difficult dilemma reported by the teachers who wanted to encourage sociodramatic play was the negative results of allowing sociodramatic play in the classroom. The teachers expressed concern about aggressive play as a result of sociodramatic play. According to the teachers' report, their involvement in children's sociodramatic play was very limited. Another finding of the study was that all but four teachers indicated that they could not recall receiving education on promoting children's sociodramatic play.

Spielberger (1999) used multiple methods to conduct a study on Head Start teachers' beliefs and practices regarding pretend play. Fifty African American Head Start teachers participated in the questionnaire survey. The survey included several sections that investigated teachers' beliefs about the importance of different kinds of children's activities during free play, pretend play and its role in developmental domains, the role of the teacher in children's play, and teaching practices. Six of the teachers who were selected by the researcher took part in an extended study that included a series of semi-structured individual interviews and two classroom observations. Data also included the researcher's journal notes and memos.

The results of the study suggested that the Head Start teachers highly valued pretend play. Pretend play was regarded as beneficial for children's development, especially for social, language, and cognitive skills. However, they had different beliefs about their roles in children's pretend play. Most of the teachers believed it was important for them to facilitate children's pretend play, but not to interfere. Through observations, the researcher also found inconsistency between teachers' articulated beliefs and their teaching practices.

The findings of teachers' beliefs and practices about play and learning were summarized and conceptualized into a model. The model proposed that teachers' beliefs were shaped by different factors, including their personality qualities, life experiences, childhood experiences, teaching experiences, education and training, and teaching practices. This showed that teachers did value play and had ideas, beliefs, and knowledge about how young children learn and develop through play. However, the contextual factors and constraints kept them from practicing what they said they believed.

A study by Einarsdottir (2001) in Iceland investigated the teaching methods of two Icelandic preschool teachers, their beliefs about early childhood education, and their goals for their pedagogical work. Data was collected through observations, interviews, and examining artifacts. The two teachers were observed in their classrooms, the dressing rooms, the hallways, the teachers' lounges, and on the playgrounds. The observations were done at different times and on different days of the week, and they lasted from one hour to half a day. In addition to the observations, nine formal semi-structured interviews were conducted with the two teachers respectively and the preschool directors. The research also included informal interviews and conversations with the teachers

and the directors when the researcher needed clarification or had concerns about some events that had happened in the classroom. The researcher collected different artifacts in the preschools, such as letters to parents, the year plan for the preschools, guidelines and planning sheets, and photographs.

The results suggested that both the cultural context and educational context had a great influence on the teachers' attitudes and beliefs about children and child-rearing. The two teachers did not emphasize a structured and academics-oriented program in their pedagogical work at all. Instead, they focused on care-giving, the needs of the child, socialization, and the assumption that children learn when they play. The findings indicated that both teachers recognized the importance of play, and that play and child-initiated activities characterized the teachers' pedagogical work. They expressed the idea that children learn through play and through interactions with other people. Outdoor play was found to be especially significant for children's health and well-being because it was an important outlet for children's energy. The pursuit of happiness and joy were important goals the teachers expressed. Thus, it was important to create a joyful and accepting atmosphere in the classroom. Both teachers also emphasized the importance of independence and self-reliance. Their goal was to train the children to be independent, active, and responsible participants in a democratic society. As the Icelandic culture valued freedom and individuality, so did the teachers give much freedom to their students. One participating teacher articulated that children should be left undisturbed when their play was going well. Although the two participating preschool teachers were similar in many of their beliefs, attitudes, and practices, they showed some differences as

individuals. For example, one teacher emphasized creativity and freedom while the other teacher emphasized language and literacy development.

Riojas-Cortez and Flores (2004) conducted a mixed method study of interviews and surveys about play with Mexican and Mexican American bilingual early childhood teachers and parents from different parts of the state of Texas. In the first phase of the study, twelve parents and six teachers were interviewed with open-ended questions concerning play. In the second phase, a total of 136 surveys from parents and teachers were completed and used for data analysis. The data collected through interviews revealed three themes concerning parents' and teachers' beliefs about the functions of play. The three functions of play were: play for enjoyment only after finishing work, learning with enjoyment, and learning. The three functions of play paralleled the play constructs of the survey, which were: developmental aspects of play, social playtime, and role of play.

The findings suggested that both parents and teachers understood the functions of play. Five out of the six teachers defined play as a means of developing problem solving, language, and social skills for children. Both parents and teachers believed that play allowed children to learn with enjoyment, and that play supported academic learning by giving children a chance to practice what they had learned. However, there seemed to be conflicting perspectives on play and work in terms of the role of play. The study suggested parents placed a high value on academic learning. They expressed that the primary purpose of school was to help their children learn numbers and letters and to succeed in life. For this reason they regarded play as learning with enjoyment rather than as the primary means of development and learning. Thus, as compared to the teachers, parents were more likely to agree to use play as a reward after good work or as a

punishment when children misbehaved. The teachers expressed their understanding of the concept and importance of play, but were still reluctant to implement it in the curriculum. The teacher interviews reflected their perspectives on play in terms of cultural backgrounds, more so than the survey instrument. The teachers described that play that reflected children's cultures allowed them to discover information about the children that they might never have learned otherwise. The researchers were surprised to find that only one of six teachers mentioned the connection between play and language development. This was an important finding since the primary goal of a bilingual early childhood class was first and second language acquisition.

Another culture-related study of teachers' perspectives on play was conducted by Taylor, Rogers, Dodd, Kaneda, Nagasaki, Watanabe, and Goshiki (2004). Forty one Japanese and forty one American early childhood teachers participated in the written inquiries. The five questions the researchers asked were: (1) Tell me, what is play (2) Tell me about play in your classroom (3) Tell me, how do you think play affects students? (4) Tell me of your concept of adult play, and (5) Tell me what playfulness is to you. Five themes emerged from the analysis of the inquiries. They were: power of living, opportunity to learn and develop, fun activities, child's work, and opportunity to explore nature.

The Japanese teachers regarded play as the power of living. They described that play was a child's life itself, and a child learned how to live through play. The American teachers considered play as children's work. Although there were some differences in the teachers' concepts of play because of cultural influences, there were also similar views of play. Both the Japanese and American teachers viewed play as an opportunity for children to learn, to

develop, and to explore nature. They both valued the importance of play in children's lives. The results indicated that both the teachers in Japan and the United States were able to adopt the concept of play that was consistent with current research. However, as the researchers suggested, it would be important for the teacher educators to design training materials that would enable teachers to translate research and theories into practice. Moreover, having a better understanding of the essence of the definition and the role of play could also enhance teachers' ability to implement play to integrate all aspects of learning and development.

### **Summary of Teacher's Beliefs about Play**

According to the studies reviewed above, teachers' beliefs about play can be categorized into six themes. They are: the connection between play and learning (Bennett et al., 1997; Keating et al., 2000; Kemple, 1996; Riojas-Cortez & Flores, 2004; Spielberger, 1999), the pragmatic function of play (Bennett et al., 1997; Keating et al., 2000; Riojas-Cortez & Flores, 2004), the teacher's role in children's play (Bennett et al., 1997; Kemple, 1996; Keating et al., 2000; Smilansky & Shefatya, 1990; Spielberger, 1999), the effects of culture on play (Einarsdottir, 2001; Riojas-Cortez & Flores, 2004; Taylor et al., 2004), play and work (Bennett et al., 1997; Keating et al., 2000; Riojas-Cortez & Flores, 2004; Taylor et al., 2004), and beliefs and practices about play (Bennett et al., 1997; Keating et al., 2000; Kemple, 1996; Spielberger, 1999).

The studies showed that most of the teachers reported their belief about play as a learning medium for children. The teachers also believed that play could stimulate learning and support academic learning by giving students chances to practice what they had learned. Play not only had an educational

benefit, it also had a practical function. Some teachers used it as a reward for finishing work or as an organizational tool for keeping students busy while they were occupied in something else.

Teachers' involvement in children's play was also a common concern. Although some teachers expressed their beliefs about the values and benefits of their involvement in children's play, they did not really join in play or talk about play themes with their students. Some teachers did not believe that adults should interact or interrupt while children were playing. Studies that considered different ethnic backgrounds explored different meanings of play, and identified the influence of culture on teachers' beliefs about play. These studies indicated that both cultural and educational context shaped their pedagogical practices.

Play and work seemed to be divided by a very fine line. In theory, they seemed very distinguishable. However, in practice there was confusion and conflict between the two. Some teachers appeared to have a hard time with the word "play", and preferred to use "discover" or "explore". The gap and inconsistency between beliefs and practices was also an issue.

Teachers expressed a sense of guilt and frustration for not practicing or being able to practice what they believed. The articulated and realized constraints seemed to provide reasons that teachers did not practice what they believed. The constraints were pressure from the National Curriculum, limited space and resources, the daily timetable, adult-child ratios, and expectations from administrators, parents or colleagues. Results indicated that teachers needed help and proper training to assist them in translating their theories and beliefs into practices.



## **TRAINING TEACHERS WITH PLAY THERAPY SKILLS**

A study conducted by Kagan (2003) in Israel investigated the effectiveness of short-term child-centered play therapy training with school counselors and teachers. In this study, there was one experimental group of 18 school counselors and teachers who received 15 hours of child-centered play therapy training and one control group of 15 school counselors and teachers who did not receive any training. All participants completed the Play Therapy Attitude-Knowledge-Skill Survey (PTAKSS) before and after the training. The author also compared the effectiveness of the short-term child-centered play therapy training with the effectiveness of a semester long child-centered play therapy training course at the University of North Texas in terms of the scores on PTAKSS. The results indicated that the short-term child-centered play therapy training was effective in increasing the knowledge of the participants in the experimental group as measured by the PTAKSS. However, there was no significant difference on the total score, the score of attitudes and beliefs toward children, or the score of skill level on the post-training PTAKSS between the experimental and control groups. As for the comparisons between the short-term and long-term child-centered play therapy training, the long-term training showed more positive effect on the trainee's view of the child than did the short-term training. The study also indicated the training length was a significant factor in the trainee's personal and professional growth. However, there was no significant difference in the confidence level in applying play therapy skills between graduate students with a semester long child-centered play therapy course and the participants of the short-term child-centered play therapy training.

Based on the model of Filial Therapy developed by Guerney (1964) and the theoretical concepts of Adlerian Psychology (Adler, 1983), White, Flynt, and Draper designed Kinder Therapy (1997). In the article, a case study was conducted with the application of Kinder Therapy. A kindergarten teacher was trained by a school counselor to work with a girl from her classroom. The result of the application of Kinder Therapy showed a successful intervention with the counselor-teacher-student triadic relationship. The teacher's perceptions of the child changed, and her interactions with the child also enhanced the teacher-student relationship. The child's behavior problems improved greatly after the intervention.

White, Flynt, and Jones (1999) conducted a six-hour Kinder Therapy training session with six volunteer teachers at an elementary school. The participation included a one-day training session and six subsequent Kinder Therapy sessions with their identified individual student under supervision of the trainers. Classroom observations were conducted both before and after the training by the researchers. Four specifically selected instruments were used to collect information related to teachers' perceptions of the children and the teachers' changes in level of encouragement and facilitative skills in the classroom. The results showed changes in teachers' interactions with their students in the areas of encouraging statements, punishment, ineffective verbal responses, effective verbal responses, logical consequences, and goal disclosure recognition. During a post-training interview, five of the six teachers shared that the change in language and the use of encouragement rather than praise had the biggest impact on them and their teaching strategies. From the

teachers' perspectives, the six students made improvements in their academic and basic social skills in the classrooms.

A study conducted by Draper, White, O'Shaughnessy, Flynt and Jones (2001) also focused on Kinder Therapy. This study involved 14 volunteer teachers and their selected students. Like the Kinder Therapy training studies previously mentioned, the teachers received training on basic play therapy knowledge and skills, and the concepts of Adlerian psychology. After the training, each teacher had play sessions with a selected student under supervision from the school counselors for six weeks. The teachers were asked to complete behavioral rating scales of their student before and after the training. Direct observations were conducted by the researchers both on children and on teacher behaviors before and after the training. The teachers were asked to fill out a written evaluation form during a group interview after the training. The results showed there were positive changes in the teachers' classroom behaviors and in the children's problem behaviors and their academic skills.

In 2004, Post, McAllister, Sheely, Hess, and Flowers conducted a study to examine the impact of child-centered kinder training on both at-risk children and their teachers. They used a training model based on Landreth's (2002) 10-week filial therapy model to train nine volunteer teachers in child-centered play therapy knowledge and skills. 18 students were identified by the teachers for concerns about specific behavioral problems such as aggression, extreme withdrawal, and lack of social or academic skills. Nine students were in the experimental group while the other nine were in the control group. For the students in the control group, an additional eight teachers, who did not receive training, were compared to the group of the teachers who received the training. The two teacher groups

were compared in terms of following the child's lead, responding to feeling, returning responsibility to the child, responding to the child's efforts, and setting limits.

The training started with basic play therapy knowledge and skills through didactic teaching, live modeling, and role-playing. After three sessions, the teachers started to demonstrate their play therapy skills with their selected students. Individual supervision and group meetings were on-going while the teachers continued working with their selected students. After the 10-week play therapy skill training, the teachers continued to participate in a 13-week two-hour group training to generalize the skills from play therapy sessions into their classrooms. The Behavior Assessment Scale for Children (Reynolds & Kamphaus, 1998), The Assessment of Child-Centered Play Therapy Skills (Post, 2003), and The Measurement in Empathy in Adult-Child Interaction (Stover, Guerney, & O'Connell, 1971) were used to assess behavior changes in teachers and children.

The results showed that children who had play sessions with the participating teachers showed positive changes in their classroom behaviors when compared to the control group of children who did not receive any play therapy. Results also showed that teachers who participated in the kinder training were more responsive, empathic, and understanding of children. The training changed teachers' views and attitudes toward the children with whom they worked (Post et al., 2004).

A follow-up to the study by Post et al. (2004) was conducted by Hess, Post, and Flowers (2005). This study compared an experimental group of the eight teachers who had participated in Kinder training in the previous year, and a

control group of eight teachers who had not received any training. A 45-minute focus group was formed to learn how teachers' experiences in the original training related to the research questions in the study. The instruments of Assessment of Child Centered Play Therapy Skills (Post, 2003; Post et al., 2004) and the Measurement in Empathy in Adult-Child Interaction (Bratton & Landreth, 1995) were used to observe and rate each teacher both from videotapes of one-on-one play therapy sessions and observations in the classrooms. The Measurement in Empathy in Adult-Child Interaction was modified from the earlier work of Stover et al. (1971). The raters did not know which teacher had been in Kinder training while they observed and rated. The findings of the study indicated that there were statistically significant differences between the two groups in terms of play therapy skills and demonstration of empathy in one-on-one play therapy sessions. However, there was no difference between the two groups in terms of play therapy skills and demonstration of empathy in classroom settings.

Several themes emerged as the researchers sought to determine if any input from teachers during the focus group addressed the research questions of the study. The teachers addressed the changes they experienced as a result of the training, expressing their belief in limit setting in terms of giving choices, an increased value of children's opinions and feelings, a new and different way of interacting with children, and a better understanding of children. They also addressed the difficulties of using some skills in the classroom even though they believed the skills were helpful and could be used in the classroom. An interesting statement from one teacher offered a new perspective on the training.

She stated “I think that the training changed, instead of my view of the children, it was more my view of myself” (Hess et al., 2005).

Chaloner (1998) conducted a 3-year longitudinal study on the effectiveness of a brain-relationship-based early intervention model with behaviorally challenging children. The model combined elements from Child-centered play therapy, Filial therapy, child development theories, and the guidelines for developmentally appropriate practice from the National Association for the Education of Young Children (NAEYC). Twelve pre-kindergarten through 2nd-grade teachers were trained in the Play And Language to Succeed (PALS) intervention model. Twenty students were rated using the 39-item Conners Teacher Rating Scale (CTRS-39) before and after the training. The results showed that 70 percent of the students improved moderately to substantially in problem behaviors.

In a study by Solis (2005), six African- American preschool teachers, who previously participated in an eight-week Kinder training, were interviewed individually and in a focus group. The training was based on the Kinder Training model (White, Flynt, & Draper, 1997) and included didactic teachings on the basic philosophy and purposes of Kinder Training, important Adlerian psychology concepts, key play therapy concepts, and play therapy skills. The training included using the specific play therapy skills of tracking, empathy, encouragement, and limit-setting in the classroom. The teachers were asked to use those skills in their classroom for 30 minutes a week for eight weeks and a classroom coach was present during the 30 minute play time to provide modeling, encouragement, and feedback. After the training, Solis examined teachers' perceptions of the training. Data were collected from individual

interviews, focus group interviews, observations, and reflective journal entries. The purpose of the study was to investigate teachers' perceptions of the process, effectiveness, and acceptability of Kinder Training as a preventive intervention for preschool students. The findings indicated that teachers had positive experiences from the training and that they liked the training. The teachers also reported some difficulties and challenges they encountered during the training. The results also suggested the teachers perceived Kinder Training as an effective intervention in terms of changes in children, changes in teachers, and changes in the teacher-child relationship. The factors that influenced teachers' acceptability of Kinder Training included teacher characteristics, child characteristics, and a lack of comprehensive understanding of Kinder Training. Overall, the results of the study showed that Kinder Training was viewed as a "moderately accepted and effective intervention" (Solis, 2005, p. 66).

Utilizing the Landreth's 10-session filial therapy model, Brown (2003) conducted an experimental study on undergraduate students majoring in early childhood education. The experimental group composed of 18 undergraduate teacher trainees, who received 10 weekly ninety minute training sessions in child-centered play therapy skills. During the 10-week training session, the trainees also conducted seven weekly special times with children. The comparison group composed of 20 trainees received supplemental training in child guidance during the ten weeks. Results suggested that trainees in the experimental group demonstrated statistically significant increase in empathy toward children. The experimental group also showed significant increases on play therapy attitudes, knowledge, and skills when compared to the comparison group.

Smith (2002) conducted an experimental study on the effectiveness of filial therapy training with teachers of deaf and hard of hearing preschool students. The experimental group consisted of 12 preschool teachers who participated in 11 weekly filial therapy training sessions. 12 students were chosen by the 12 teachers to meet once a week for a special play time during the training for 30 minutes. A control group of another 12 teachers received no training during the 11 weeks. The results showed that teachers in the experimental group demonstrated an increase in communication of empathy with the students of focus, an increased attitude of acceptance with their students, and an increase in their ability to allow students self-direction. When compared to the students in the control group, the students in the experimental group also scored significantly lower on overall behavior problems.

Based on the training principles of Child Parent Relationship Therapy (CPRT) as described in the treatment manual (Bratton et al., 2006), Morrison (2006) conducted a study examining the effects of Child Teacher Relationship Training (CTRT). CPRT was based on Child-Centered Play Therapy principles and skills, including reflective listening, recognizing and responding to children's feelings, setting limits, building children's self-esteem, and providing weekly play sessions with children. In this study, 24 Head Start preschool teachers and 54 children at ages three and four were involved. The twelve teachers in the experimental group received training, coaching, and supervision of CTRT, and the remaining twelve teachers in the active control group received training in Conscious Discipline (Bailey, 2000). In order to meet the training requirements of the study, the 54 children were further divided into two groups of "children of focus" and "non-children of focus".



During the first phase of training, the teachers in the experimental group participated in a two and one-half day intensive CTRT program, with one hour of weekly supervision meetings for their one-on-one play sessions with their selected children of focus for seven weeks. During the second phase of training, teachers were coached to use CTRT skills in their classrooms along with weekly training/supervision group sessions for ten weeks. The training in the active control group included watching Conscious Discipline DVDs, reading from the Conscious Discipline training manual (Bailey, 2000), and having discussions of the material.

The Child Behavior Checklist/Caregiver-Teacher Report Form (C-TRF) (Achenbach & Rescorla, 2000) was used in the pretest, midpoint test, and posttest to examine the effects of the experimental treatment on children's behavior compared to the active control treatment. The results indicated that CTRT had a great impact on decreasing children's behavioral problems. It also showed that teachers were able to generalize the skills successfully from one-on-one play sessions into classrooms with coaching and modeling. Because of this generalization, the non-children of focus were able to make significant improvements, despite the fact that they did not have one-on-one play sessions. They received attention from their teachers during CTRT Phase II treatment (Morrison, 2006).

In a study by Helker (2006), the effectiveness of child teacher relationship training (CTRT) was again examined. Similar to Morrison's (2006) study, there were two phases of treatment. In phase I, 12 teachers in an experimental group participated in ten week training and supervision sessions while another 12 teachers received no training or supervision. In phase II, the teachers in the

experimental group continued to participate in another ten weeks of coaching and modeling of CTRT skills in the classroom setting and weekly one-hour group training/supervision sessions. After completing the CTRT training, all teachers in both the experimental group and the control group were asked to answer some questions concerning changes in students' behaviors. The findings suggested that more than half of the teachers who participated in CTRT noticed positive behavior changes in students whereas none of the teachers in the active control group noticed any behavior changes in students, positively or negatively. The changes in students' behaviors were described as, "His outbursts have become less frequent", and "She participated more and is very happy when given responsibilities" (Helker, 2006, p. 77). The participants in the CTRT program were also asked to complete an evaluation in six different areas of their experiences over the course of training. Based on the responses, the favorite part of the training for most teachers was "learning new ways to respond to children and having the opportunity to take part in individual play sessions with a specific child" (p. 78). In addition, all participants reported that the training was worthwhile even if many reported that the length of the training was excessive, along with other commitments to school duties. The responses also showed that the training not only affected positive changes in students' behaviors, but also the participants' perspectives, and teacher-child relationship.

Edwards (2007) conducted a qualitative study exploring teachers' perceptions of acceptability, integrity, and effectiveness of kinder training. In addition to the kinder training, five teachers volunteered to participate in pre- and post- intervention semi-structured interviews, and audio-taped supervision sessions. The data also included observations in the classroom and the

researcher's reflective journal. The results showed that teachers perceived kinder training as appropriate and non-intrusive to their classroom setting and needs. In addition, teachers perceived the training as effective in terms of improvement in teacher-child relationships, students' behaviors, and classroom management skills.

### **Summary of Training Teachers with Play Therapy Skills**

There appeared to be three major types of change after the intervention of training teachers with play therapy skills. The categories of change included: change within the children (White et al., 1997; White et al., 1999; Draper et al., 2001; Smith, 2002; Post et al., 2004; Chaloner, 1998; Solis, 2005; Morrison, 2006; Helker, 2006; Edwards, 2007), change in the teachers (Kagan, 2003; White et al., 1997; Brown, 2000; Draper et al., 2001; Smith, 2002; Post et al., 2004; Hess et al., 2005; Solis, 2005; Helker, 2006; Edwards, 2007), and change in the interaction between teacher and child (White et al., 1997; White et al., 1999; Hess et al., 2005; Solis, 2005; Helker, 2006; Edwards, 2007).

Studies showed that children's problematic behaviors had positive changes, and the children also made improvements in their academic and social skills after the teachers' play therapy skills training. Because of the training in play therapy knowledge and skills, teachers attitudes and views regarding children were somewhat changed. They had more responsive and empathic understanding of their children, and their behaviors were changed in the classroom. It was reported that teachers were able to set limits by giving choices, and valued their children's opinion and feelings more.

The changes in both children and teachers led to changes in the teacher-child relationship. Instead of punishment or ineffective verbal responses, the

teachers learned to use more encouraging words, effective verbal responses, and logical consequences. The children's perceptions after the training intervention were not included in any of the studies. However, from the changes and improvements they made in school, it seemed that their attitudes toward teachers and schools, and even toward themselves might have been changed. It was clear that they were able to get positive attention from the teachers through one-on-one play therapy sessions. With regard to the process of change, it was noted that the children's problematic behaviors were likely the focus when the teachers began receiving training. However, as the training continued, the teachers started to notice their own changes. They changed not only their view of children, but also their view of themselves (Hess et al., 2005).

## **Chapter Three: Methodology**

Although benefits and positive outcomes of training teachers as play therapy agents have been increasingly recognized (White et al., 1997; Chaloner, 1998; White et al., 1999; Brown, 2000; Draper et al., 2001; Smith, 2002; Kagan, 2003; Post et al., 2004; Hess et al., 2005; Solis, 2005; Morrison, 2006; Helker, 2006; Edwards, 2007), there is still limited literature in this area, especially with qualitative research studies. There is no research directly related to examining teachers' beliefs about play therapy. In order to look at play therapy training from teachers' perspectives, this study was designed to investigate teachers' beliefs about play and play therapy while they were receiving training. As studying teachers' beliefs about play may assist early childhood educators with curriculum preparation, so may studying teachers' beliefs about play therapy give insights to both early childhood educators and play therapy skills trainers.

### **PILOT STUDY**

A pilot study was conducted in the fall of 2005, focusing on teachers' beliefs about children's play and play therapy. In the study, the researcher interviewed a teacher who was receiving play therapy skills training in a workshop. The workshop lasted eight weeks and the researcher interviewed the teacher over the course of the eight-week training. The participant was teaching in a private school located in Taipei County in Taiwan. Due to distance and time considerations, interviews were conducted by phone. There was an initial discussion of the project, followed by six interviews. All interviews were audio-taped and transcribed by the researcher. The researcher also translated the interviews from Mandarin to English.

Based on the findings, the play therapy skills training appeared to affect the teacher participant's beliefs about children, children's play, her relationships with her students, and herself. The training helped the teacher participant see her own preconceptions of her students and what she expected their play behaviors to be. She gained insight into her own needs for growing and learning, and felt more equipped to deal with challenging children. The new skills she learned also shed light on changes in the children and her relationships with them. She noticed changes in children's behaviors in and out of the playroom, and described feeling closer and more accepting of the children.

There were constraints that kept her from using her new skills. However, she expressed a desire to try using them in the classroom and also became more aware of opportunities for their use. It gave the teacher participant great comfort that play therapy skills worked for her and her students. As a teacher, she had to overcome her fear of losing control over her students. As her fear lessened, she felt positive and encouraged about not losing control and yelling at her students, and building closer relationships with her students.

The changes in the teacher's attitudes and beliefs appeared to benefit both herself and her students. While the effects of the play therapy skills training appeared to be observable in the teacher's responses, the nature and generalizeability of the effects could benefit from further inquiry. The results from this pilot study suggested that a larger study with more teacher participants and a greater number of interview responses should be conducted. In response to the pilot study and with an interest in further investigation of this area, the current study was conducted using a similar method and design. The results of the pilot

study influenced the direction of the current study, and shaped the interview questions.

Because of the nature of the research questions, a qualitative method based primarily on individual interviews was used. The interview questions were open-ended questions that focused on teachers' beliefs about play, play therapy and play therapy skills training, and teachers' perceived experiences of using play therapy skills.

### **RESEARCH QUESTIONS**

This study investigated the following questions regarding the experiences of teachers who participated in a play therapy skills training group.

1. How did teacher participants perceive children's play, play therapy, and play therapy skills training during their PTS training?
2. How did teacher participants perceive their experiences of using play therapy skills with the child of focus and with other students in the classroom?

### **DEFINITION OF TERMS**

The following terms were defined as used in this study:

Children's play:

Play in the study is defined as intrinsically motivated behaviors initiated by children (Schaefer, Gitlin & Sandgrund, 1991). Play is not aimed toward any goal or oriented toward any task, but is spontaneous and creative. It occurs in a safe and relaxed context. Play is a natural means of self-expression and communication for children (Axline, 1969; Landreth, 2002). For normally functioning individuals, play behaviors are joyful. However, for traumatized individuals, play behaviors could be impulsive (O'Connor, 1991).

Play therapy:

Play therapy is defined as “a structured, theoretically based approach to therapy that builds on the normal communicative and learning processes of children” (The Association for Play Therapy, 2006). Play therapy is concerned with the therapeutic relationship that develops between a child and a therapist through the context of toys and other play materials. During PTS training, teachers use PTS to work with challenging children about whom they are concerned in their classrooms.

Play therapy skills (PTS) training:

The PTS training used in the study is based on the child-centered play therapy approach. Child-centered play therapy is defined by Landreth (2002) as “a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through play” (p. 16). The PTS training includes basic child-centered play therapy principles and skills. Teachers are taught the skills of reflective listening, recognizing and responding to children’s feelings, limit setting, building children’s self-esteem, and structuring weekly play sessions with their children. They are taught how to create a nonjudgmental, understanding, and accepting environment that will enhance the teacher-child relationship and facilitate personal growth and change for both child and teacher within a typical classroom setting.

Child of focus:

At the beginning of the training, the teacher participants were asked to think of a child with whom they would like to have four play sessions as a part of



the requirement of the training. The teacher participants chose a child from their class with whom they might have concerns. There were two boys and two girls chosen by their teachers to have play sessions. In order to protect the privacy of the children, no names were mentioned or used by the teachers during the interviews.

#### **Beliefs:**

Beliefs include knowledge (Bennett, Wood & Rogers, 1997), attitudes (MacNab & Payne, 2003), perceptions (Minor, Onwuegbuzie, Witcher & James, 2002), values, images (Calderhead & Robson, 1991), expectations (Weinstein, 1988), preconceptions (Weinstein, 1989), teachers' personal history-based lay theories (Holt-Reynolds, 1992), and implicit theories (Schoonmaker & Ryan, 1996).

#### **SETTING**

The elementary school chosen for this research was located in Denton, Texas. The primary reason for choosing this school was because play therapy training was offered to the teachers by a school counselor. The training was voluntary and there was no cost for either the school counselor or the teachers. The school counselor had a Master's degree in counseling from the University of North Texas in Denton. She was a Licensed Professional Counselor intern, practicing under the supervision of a fully licensed counselor. She had completed a specialized graduate course in training parents in play therapy skills. The play therapy skills training was provided by her with appropriate supervision.

The training the school counselor provided was introduced to the school and teachers as RELATe training. RELATe stood for Relationship Enhancement between Learner and Teacher. She provided eight weekly two-hour training

sessions for the teachers. The training included teaching, watching tapes, discussion, role play, and supervision for four individual play sessions teacher participants had with their child of focus. The materials she used were based on the materials used in filial therapy training (see Appendix C). Filial therapy is the training parents receive in basic play therapy skills that will enable a parent to become a therapeutic agent in the growth and development of their child.

### **TEACHER PARTICIPANTS**

Four teachers signed up for play therapy skills training at the beginning of the school year. The researcher first asked the school and the school counselor for permission to conduct interviews with the teachers who were going to receive training. The researcher also met with the teachers individually and asked them if they would be willing to participate in this research project. There were three female and one male participants in the study. Based on introductory discussions with participants, the researcher learned that two participants were bilingual, speaking Spanish and English. One participant had taught over ten years and the other three had taught less than five years. The age ranges of the participants were between 22 and 40 years of age. Each participant earned a bachelor's degree from a recognized university and had a teaching certificate. As participants of the study, their role was to share their thoughts and feelings as honestly as possible when they answered the interview questions. To safeguard confidentiality, all written reports used pseudonyms. The pseudonyms of the four teacher participants were: Anna, Cindy, Lora, and George.

Anna, a second-grade teacher, was in her fourth year of teaching. This was her first year of teaching second-grade. Before this year, she had taught first grade for three years. She regarded her job as exciting, yet overwhelming. Anna

was one of the two bilingual teachers. She perceived herself as a good teacher who was growing and learning. Her classroom setup seemed oriented toward academic work rather than facilitating play.

Cindy, a first grade teacher, was in her very first year of teaching. She described her job as hard in that it required much more time and energy for management and discipline than she expected. She was struggling to try and find a teaching style that would work for her. Cindy perceived herself as learning, growing, and trying to become a better teacher. Her classroom setup was similar to most of the elementary classroom setups in being oriented toward academic learning.

Lora, a kindergarten teacher, was in her seventh year of teaching kindergarten. Prior to that, she taught first grade for two years and worked for a private school for several years. She also had experiences managing a daycare as an assistant director. Lora perceived herself as a very strong disciplinarian and a planner. She had arranged “stations” in the classroom to facilitate children’s learning.

George, a bilingual first grade teacher, was in his first year of teaching first grade. Before teaching first grade, George was a middle school teacher in Mexico for two years. He entered an alternative certification program here in the United States. He had thought teaching first grade would be easy; however, it turned out to be a difficult transition for him. George perceived himself as a good teacher in that he always did his best and kept taking courses to improve his teaching. His classroom setup was similar to other teachers in being oriented toward academic work.

## **INSTRUMENT**

The nature of a naturalistic study is such that the study does not follow a prescribed course and the direction of the research is indeterminate (Lincoln & Guba, 1985). As Lincoln and Guba (1985) described, “only the human instrument has the characteristics to cope with an indeterminate situation” (p. 193). Therefore, the researcher was the instrument used to obtain the data through interviews. The researcher designed the interview questions, set up the interview schedules with all of the participants, prepared the audio-tape equipment, and focused on being a sensitive interviewer. Lincoln and Guba (1985) identified a set of characteristics that makes human beings uniquely qualified as the instrument of choice for a naturalistic study. The characteristics are described as follows (Lincoln & Guba, 1985, pp. 193-194):

1. Responsiveness. Human beings are capable of sensing and responding to personal and environmental events, allowing the chance to interact with and explore situations as they arise.
2. Adaptability. Human beings are adaptable to collecting information about multiple factors at multiple levels.
3. Holistic emphasis. Human beings are the only instrument capable of comprehending a phenomenon and its surrounding context as a whole piece.
4. Knowledge base expansion. Human beings are capable of extending understanding of both objective, concrete information (propositional knowledge) and subjective, intuitive processes (tacit knowledge). Tacit knowledge is knowledge that can only be gained from and understood by experience, while propositional knowledge is knowledge that can be explained by words. Tacit knowledge and propositional knowledge may be worked with simultaneously.

5. Processual immediacy. Human beings are the only instrument that can process data, create new hypotheses, and test those hypotheses in the context from which the original data arose.

6. Opportunities for clarification and summarization. Human beings are able to summarize data in situ and respond to the interviewee for clarification, correction, and amplification.

7. Opportunity to explore atypical or idiosyncratic responses. Human beings are able to explore, illuminate, and make use of atypical responses, rather than discarding them because of difficulty in understanding their meaning.

As an interviewer, it was important for the researcher to be sensitive to the interviewees, and establish a safe relationship with each of them. The researcher made sure that the teacher participants did not feel pressured to say or withhold their thoughts, beliefs, or expressions. The interviews were a time for the interviewees to have their voices heard, with the researcher being their instrument. Although the researcher had interview questions in advance before the interviews, the researcher did not intend to lead the participants in any specific direction. The interview questions were open-ended questions that allowed the participants to express their perceptions, thoughts and feelings. However, being human, the researcher was aware that no one is value or bias free. The researcher's role was to report participants' perspectives on play and play therapy as faithfully as possible.

## **PROCEDURE**

### **Data Collection**

Data in this study included all of the interview transcriptions, informal conversations with the participants, and personal journal reflections. The Institutional Review Board (IRB) from the University of Texas at Austin approved this study and the information was presented to the teachers at the first meeting. Teachers were oriented to the purpose, significance, benefits, and possible discomforts of the study. They were informed that their participation was voluntary; that injury from the study was unlikely; that there would not be any compensation for participation in the study; that their decision to participate would not affect their relationships with the elementary school, the University of Texas at Austin, the school counselor, or the researcher; and what they had to do to take part in the study. It was made clear that they could decide to participate in the study and if for any reason they chose to withdraw from the research, they had the right to do so. They also were informed that they had the right to stop the researcher from using their interview data. Confidentiality was discussed and teacher consent was obtained for audio-taping all of the interviews.

After the initial meeting, all four teachers agreed to participate in the research project. They agreed to meet with the researcher individually for interviews over the course of the training. The training included teaching, watching tapes, discussions, role playing, and having one-on-one play therapy sessions with the child of focus. Each teacher chose and focused on one child from his or her class, and had play therapy sessions with that child. The teachers selected a child from their classes about whom they were most concerned.

Each teacher had different available schedules, but they all agreed to meet during their planning time or after school in their classrooms. The researcher prepared open-ended questions for each interview. Due to the limited time the teachers had during their planning time, the researcher/interviewer limited each interview time to 30 to 40 minutes. The researcher also informed all of the teacher participants that due to the need of data, more than two or three interviews would be conducted. They all agreed to participate in the interviews for as long as it took to have all of the data the researcher needed for this study. All of the interviews were audio-taped and transcribed. The following were some examples of the interview questions the researcher used for the teacher participants. These questions were developed as a result of a pilot study (see more interview questions in Appendix A).

1. Tell me about your journey of becoming a teacher.
2. How do you see yourself as a teacher?
3. When I say the word “play”, what image comes to your mind?
4. When I say the word “play therapy”, what image comes to your mind?
5. How have the experiences of the play therapy training been for you?

At the beginning of the current study, general questions were asked to get to know the teacher participant. As time passed, when trust was built, more questions that would explore teacher participants' beliefs about play and play therapy were asked. More ideas for further interview questions were also developed along with the process of data collection.

## **Data Analysis**

A constant comparative method was involved in analyzing data from interviews, informal conversations, and personal journal reflections. The steps of data analysis were as follows (Lincoln & Guba, 1985):

1. Unitizing. After reading through all of the interview transcripts, data was broken down into smaller units that could stand alone as independent ideas. These independent ideas were a few words, a complete sentence, or a paragraph (Erlandson, et al., 1993; Lincoln & Guba, 1985).

2. Categorizing. Categories started to emerge when the small units were labeled and sorted by their same phenomenon or property. A category title showed its distinguishing category property from the others. When a new category emerged, it was compared to the existing categories. The researcher then decided whether to place the new category under the existing titles or redefine the categories. A constant comparative method was used while the researcher examined the data and tried to place a unit under an appropriate category.

3. Filling in patterns. While the researcher moved back and forth among the data, the relationships among the categories were also examined. If connections between the categories were defined, the researcher then integrated the categories and identified the pattern.

4. Thick description. Descriptions from the teacher participants were quoted within a category or pattern so that the category would make sense to the readers. The thick descriptions were also able to present the data more accurately in that they were directly from the teacher participants.



5. Peer debriefing. The researcher worked closely with two doctoral level peers. One was specialized in early childhood education and the other was specialized in play therapy. The researcher showed the categories and the descriptions to these peers and asked for feedback and insight. Categories were changed and moved around when changes were needed.

6. Member checking. When the data analysis process was completed, the written report was shared with the teacher participants. The researcher asked for feedback and checked with the teacher participants with the accuracy of the report.

### **TRUSTWORTHINESS**

As validity and reliability are essential in a quantitative study, so is trustworthiness essential in a qualitative study. According to Lincoln and Guba (1985), trustworthiness includes four criterion areas: credibility, transferability, dependability, and confirmability. These criterion areas can be established by different techniques, such as prolonged engagement, persistent observation, triangulation, peer debriefing, negative case analysis, referential adequacy, member checks, thick description, dependability audits, confirmability, and reflexive journals.

In this study, prolonged engagement gave the investigator time to build trust. Building trust, as Johnson (1975) explained, is not about the personal characteristics of the investigator. Instead, it is a developmental process that occurs over time (Lincoln & Guba, 1985). Triangulation was also used through having multiple sources; there were four teacher participants for each set of interviews. Peer debriefing was performed with two other PhD colleagues. One was specialized in early childhood education, and the other was specialized in

play therapy. Member checking with all of the teacher participants and thick descriptions of the data was also established to increase trustworthiness. In addition, instead of neglecting a negative case that emerged during data collection and analysis, one negative case was included in the data analysis.

## **Chapter Four: Results for Research Question One**

Research question one stated: How do teacher participants perceive play, play therapy, and play therapy skills training during their play therapy skills training?

Over the course of play therapy skills training the teacher participants were interviewed five times individually. Based on the theme categories identified from the interview data, teachers' views of play, changed views of play as a result of the play therapy skills training, teachers' views of play therapy and play therapy skills training, and changed views of play therapy are discussed through research question one.

### **VIEWS OF PLAY**

At the first interview, teacher participants were asked to imagine "play" and describe their perception of it, having finished two training sessions. The second time they were asked about play was at the third interview, where they just finished their first play session with their child of focus. Reviewing the interview data categories demonstrated consistencies between existing literature on teachers' views of play and views of play expressed by the teacher participants of this study. The teacher participant responses suggested they perceived play as a source of enjoyment, an outlet for expressing feelings and fantasies, an avenue for developing social skills, a reward for positive behaviors, and a vehicle for learning.

## **Source of Enjoyment**

The perception of play that teacher participants expressed more than any other was the view that play involves enjoyment. This perspective was reported by all four teacher participants, primarily in their first interviews. Teacher participants described play as enjoyment through the following statements: “playing and having a good time”; “it’s having fun”; “doing something that makes you happy”; “play should be relaxing”; “active and having fun”; “playing together and sharing and laughing, laughing and playing”. Studies by Riojas-Cortez and Flores (2004), Ranz-Smith (2001), and Spielberger (1999) identified pleasure and enjoyment as a significant quality of play. Riojas-Cortez and Flores found that play served different functions, including enjoyment, learning with enjoyment, and learning. Ranz-Smith interviewed four first-grade teachers and asked them to define the term play. Play was defined as “being able to do things freely that you enjoy” (p. 78), and “play can be just for fun, for physical exercise, or just to relax, whatever” (p. 78). Spielberger conducted in-depth interviews with six teachers and found that among the emerging themes was the concept “Play is pleasurable, fun” (p. 104).

## **Expressing Self and Feelings**

Two teacher participants, Lora and Cindy, described the play they observed in terms of children’s self-expression. Lora reported that children express self through play, saying “a child in a room full of toys and allowed to use those toys however they want to, whatever they need to express.” In a later interview while discussing a view of play in a play therapy setting she expressed a similar perspective, saying “To me that’s what play therapy is, children using play to express themselves in a way that they might not be able to any other

way.” Cindy also in a later interview described that play allowed children to communicate their feelings and thoughts: “They don’t always have the words . . . to express what they are feeling or thinking, but they can show you through their play and what they’re doing with the toys and things.”

In Spielberger’s (1999) study, self-expression appeared in one of the themes five of the six teachers described: “Play is unrestricted; involves open-ended (sensory, constructive) materials; implies free time, free choices and self-expression” (p. 104). When teachers from Spielberger’s study were asked about the importance of play, self-expression was emphasized again. Regarding the benefits of play on emotional development, one teacher stated, “They see these things happening around them but I don’t think until they get with a group or in a school setting they’re able to express it, get it out” (p. 110). Another teacher also stated, “When children play, they’re showing an expression of how they’re feeling” (p. 110).

### **Play and Pretend**

In terms of pretend and fantasy play, two teacher participants from the current study noticed the following: (Cindy) “There is a lot of pretend play. You know they can make the objects other things, where they can make them into what they want to, make them do the things that they want them to do whether it’s real or make believe”; (George) “. . . manipulate toys and pretend some stuff.” This pretend quality of play was identified by Spielberger (1999) in that all six teachers mentioned “pretend” in their definitions of play, stated as “Play implies or involves pretending” (p. 104).

## **Play and Social Development**

In both initial and later interviews teacher participants described play in terms of social development and understanding rules. Cindy made the following statements: “Children play with each other. And that shows you a lot about how well they can socialize with other children and how they feel about themselves; are they a leader or are they a follower”; “Kids are into rules, especially when kids are playing together. They usually come up with their own rules for games and there are structures and boundaries usually for things.” Spielberger (1999) reported similar findings in saying, “Play is social, involves interaction and negotiation with peers” and “Play involved rules” (p. 104). Riojas-Cortez and Flores (2004) also indicated teachers defined play as a way for children to develop socialization skills. Their survey results also demonstrated that some teachers viewed play as a socialization activity.

## **Learning through Play**

Relatively little emphasis was given by teacher participants to the general concept of learning through play. One brief expression by Cindy in an early interview, “. . . sometimes they are playing and having a good time learning different things” seemed to refer to children learning about the play materials available in the room and discovering what to do with them. This view did not appear to relate to learning in terms of cognitive concepts. This less emphasized perspective of play was similar to the results of Spielberger’s (1999) study, in which two of six teachers connected play with learning cognitive concepts in a fun way. Like the current study, this view of play was one of the lesser endorsed themes that described play.

In contrast, a number of other studies have shown that teachers have often associated play with learning. These studies described that teachers perceived play as helpful in classroom activities, the development of social skills, and the integration of multiple skill sets such as language, intellectual, emotional, and social abilities. Bennett, Wood, and Rogers (1997) found that teachers viewed play as “a vehicle for learning” (p. 33), emphasizing that play provided a way for children to have hands-on experiences with the cognitive concepts discussed in a classroom setting. Kemple’s (1996) research with kindergarten and preschool teachers about their beliefs and practices concerning sociodramatic play showed that practically all teachers recognized that sociodramatic play helped children succeed in school. In studying the beliefs and practices of two preschool teachers in Iceland, Einarsdottir (2001) found that play and child-initiated activities were a central part of their teaching method, a perspective that matched the preschool curriculum emphasis on informal learning.

With regard to overall development, three studies reported on the role of play in developing multiple, integrated qualities. The interviews by Keating et al. (2000) of parents and teachers about their perceptions of play suggested that play was viewed as a way for children to integrate and practice their learning about physical, intellectual, emotional, social, and language tasks. In a study by Ranz-Smith (2001) on first-grade teachers’ perceptions of play, findings suggested that teachers believed play promoted psychosocial development, cognitive development, creative development, and physical development in children. Riojas-Cortez and Flores (2004) studied Mexican-American bilingual early childhood teachers and Mexican-American parents. In this study, five of the

six teachers described play as “a way for children to develop problem solving, language, and socialization skills”, and that play provides “hands-on learning and exploration” (p. 277).

### **Play as a Reward**

While teacher participants did not explicitly describe play as a reward in response to the question about what play is, George did imply using a play session to reward the child for good behavior. That play was treated as a reward can be seen in the following teacher statement: “He has been in trouble all this week and last week also, so I’ve been talking with him a lot, just not the play therapy because sometimes he feels that’s a reward. . . . He needs to be more, you know, less rewarded because he’s not doing the right things right now.” George’s response to the child was, “We go in there (playroom) when you stop hugging people like that and you do your job and you think before you act...But he just can’t help it. That’s why I’m not doing it (play session) right now.” Play was also viewed as a reward in studies by Keating et al. (2000), and Riojas-Cortez and Flores (2004). The findings of Keating et al. showed that play was often treated as an organizational tool, a means of keeping children occupied while the teacher was busy doing something, and as a reward for the completion of work. Similarly, Riojas-Cortez and Flores suggested that a portion of the Mexican American bilingual early childhood teachers regarded play as a reward for work well done.

### **Changed View of Play**

Overall, teacher participants’ views of play were consistent with the existing literature. However, the play therapy skills training shaped some of the



teacher participants' views of play with regard to children's self-expression, children's pretend play, and the role of the teacher. At an early interview, play was primarily viewed as enjoyment, fun, doing something you like to do, and activities and involvement with toys and energy. Play was also viewed as shared activities between teacher and child or child and child. Play was briefly connected with "learning different things" and it was implied that play was sometimes treated as a reward. All teacher participants changed their views of play as a result of the play therapy skills training. In different ways, all four teacher participants' views of play were shaped by the experience of the play therapy skills training group or their own experiences of having play sessions with their child of focus.

For Cindy, play was just "play" before she began the training as she stated, "Play. Play. I mean just that. I think especially before I actually stepped into the Play therapy, you know I didn't see what it was doing, because they were just playing. I didn't realize what it was doing." She continued saying, "Sometimes they are playing and having a good time learning different things." Her initial view of play was of having a good time and learning different things without the play having meaning that went beyond the current experience. The way that the training changed and shaped some of her views of play was described as, ". . . but now I see more that they are telling what they know and what they see and what they are going through and what they are doing", and "They are acting out, they are doing what they see every day." Her revised view of play was more symbolic, emphasizing that play could show what was happening to a child and how the child experienced life. This view was more consistent with the play therapy skills training view that play can be a therapeutic tool because of how it represents children's lives.

In a similar way, George expressed his early view of play in terms of doing something you like to do by saying, “Ok, if you say play, I rather see myself playing basketball because that is what I desire, I like to do, or playing football, and of course you sometimes think like play dominoes, chess, cards, even toys when you were a kid, but if you say play, I picture myself playing basketball.” For George, play was doing something you like to do that involves interaction with others through a game. After beginning the play therapy skills training he described play more in terms of the training methods, stating, “Like, grab some toys, and manipulate them and pretend some stuff. As far as I see the, the ‘RELATe training’ right now, that’s what, that’s what I see. Like playing, just playing with toys.” His view included the concept of pretend play and was now expressed in terms of a child playing with toys. This was a shift away from thinking of play in terms of an interaction between people.

After having a play session with his child of focus, his view of children’s play seemed to come from what he experienced in the play session: “Just a kid playing (laughter), because, uh, yeah, just a kid playing, because, I mean for me there was no interaction. So, I would say just watching a kid playing.” In describing his view of play he appeared to describe the kind of play he observed in the play session, “just a kid playing”; yet, he seemed to maintain an identification of play with interaction: “I mean for me there was no interaction.” Similar to George’s emphasis on interaction, play therapy is based on having a close relationship with a child that may include shared activities, so long as the child initiates the sharing (Landreth, 2002). However, George may have experienced that something was missing for him in the play sessions.

Lora also described play as doing something you like to do and something that makes you happy; this was her first interview response when asked what children's play was. She expressed that because children had different personalities and interests, what made them excited about playing would also be different. She stated,

Play for a child, that's going to be, of course it's going to depend upon the personality of the child and what are their interests. Some kids like to play with blocks, so they're really into blocks, or puzzles or legos. Some are into, their play is cars, others it's dolls, and Barbies and doll houses. . . . I guess it just depends on what the child's into. Uh, just like with adults . . . not every child is going to have the same thing that makes them happy when it comes to a toy.

However, in the third interview after having several play therapy skills training sessions and her first play session, she imagined children's play in a different way. Her view of play was expressed as follows.

If I could draw a picture . . . the picture would be a child in a room full of, a room filled with toys and them being allowed to use those toys, however they want to, to express, whatever they need to express. . . . Just not setting any expectations or you know, it's just you're free to use it how you want to, to express whatever you need to. . . . The child should feel, I would think they would be, eventually would be happy. Uh, they may go through sometimes of being very angry and then very exhausted if they expressed that anger, depending on how they express it. Uh, I am sure there's going to be times that there is going to be tears. Uh, but that's ok. It's ok for people to cry and be angry.

Her view of children's play shifted from emphasizing the child's interests and being happy, to seeming more consistent with a play therapy framework: expressing the child's self. With this changed view, children were allowed to play with toys in a playroom in the ways in which they wanted. Play was viewed as a way for children to express themselves, and the activity of expressing self through feelings and activity ultimately would make them happy. Happiness was still an important element in children's play, but she seemed to see happiness as

a result of the experience rather than an initial part of it. An interesting difference was noted regarding her early views of play and play therapy. When asked about her image of play therapy Lora's response was "Children being allowed to just play and if they want to or they have, or they feel they need to, to express their feeling, children would be able to. . . . My image of play therapy was using play for kids to deal with their emotions." Even though in the beginning of the training, she described "play therapy" as a means for children to deal with their emotions, she did not initially make that connection in her answer to describing "play". It was only after experiencing some of the training that she began to associate emotion expression with children's play.

For the fourth teacher, Anna's view of play during her initial interview focused on playing with the child and having a good time. Her mental image was very relational and active, as she provided the following description:

. . . playing with the child. That means I am involved with their playing. We're either talking, we're having a good time. We're moving. We're active. We're active and we're having fun. We are doing something we want to do.

As she started play sessions with her child of focus, her view of play shifted to reflect what she experienced during the play session. Her description of children's play changed to:

I think, it would be just, I would draw a picture of, just what we do, what the system is. I would draw me probably in a corner, uh, you know, just a little me, and then, uh, probably my student doing, you know, with something in his hand, uh, he'd probably looking, looking up at me, kind of a, I guess. That would I draw kind of a look of a, you know that look of inquiry that kids give (laughter), that questioning look.

Her later perceptions of play were different in several respects. The most striking change was in her description of the relationship with the child. Rather than

playing with the child in shared activities, she focused more on the child playing with a toy and her being less directly engaged and a less significant figure. Her self-image was of “Little me . . . probably in a corner”, and her description lacked reference to “fun” or a “good time.” Like George, her initial view of play was based on shared activities and her later view seemed to represent a greater physical and possibly emotional distance. Playing with a child only when the child makes such a request is consistent with play therapy guidelines as a way of allowing the child to lead in what happens during the play session. Building and maintaining a close relationship is less dependent on shared activities and more related to communicating acceptance and understanding of a child (Landreth, 2002).

In sum, all four teacher participants changed their views of play over the course of play therapy skills training. In seemingly different ways, yet heading toward the same direction, their views of play were shaped to be more in line with the basic ideas of children’s play in play therapy. Two major changed views of play included the role of a teacher and the meaning of play. The teacher’s role changed from being that of a playmate and an initiator, to being an observer and a follower. The meaning of play changed to being a means of self-expression and communication about the child’s world and life. In the next section of “Views of Play therapy”, it was evident that some of the teachers’ views of play therapy were familiar and consistent with their changed views of play.

## **VIEWS OF PLAY THERAPY**

Teacher participant descriptions of play therapy were identified in three broad categories: how play therapy is structured, the function of play therapy, and responses to play therapy.

## **Structure of Play Therapy**

Teachers expressed ideas about the structure of play therapy through reports of their own experiences and that of their child of focus. In terms of their own experiences of learning the skills, play therapy was viewed as an organized and very structured way of making responses to children. Anna stated:

It's very structured, looking at what we're watching on video and seeing it on paper. It's very structured in that the role of the teacher is very defined and uh, you know, there are things you do say and things you do not say. You don't label toys unless the child has labeled it.

This view is consistent with the definition of play therapy provided by the Association for Play Therapy, which describes play therapy as a structured, theoretically based approach (The Association for Play Therapy, 2006). Cindy also viewed the training process as educational, learning new ways to speak to children and to provide discipline. She described the process by saying,

It's been very educational learning how, you know, to talk to children and how to relate to them and interact with them in ways that you don't show your authority or, you know, make them feel that you are over them or talking down to them . . . and to find a better understanding to know why they do things they do. . . . It's like learning to retrain your brain the way you deal with people and children.

Teachers commented about their role in the play sessions and how it differed from what they had imagined. A typical role for an adult was described in terms of a playmate, such as when parents hold hands with their child and swing them through the air or go down a slide with them. But teachers viewed their role in play therapy as being less directly involved and being more of an observer most of the time: (George) "It's just you observing. . . . I'll just be observing, like conduct of the subject playing with all kinds of toys"; (George) "And well, the subject asks for some interaction, you will validate what they are doing."

Teachers also noted that roles were reversed in terms of leading the sessions. The child was seen as being the leader in terms of what toys would be played with and how the toys would be used. This perception of the teacher's role being that of a follower rather than a leader represented a significant change for Anna, who stated,

I'm not leading or guiding the child. It's very much the child is leading the session. . . . It's in my nature to join in or you know, as a teacher ask questions you know, from them. So that's going to be hard I think, to have to sit back and just be an observer, to have the child lead the discussion.

Teacher participants viewed play therapy as a place where children played with toys in the way they chose and often without playing with an adult.

This view of play therapy is consistent with teachers' changed views of play, as described in a previous section. Teachers' views of play and play therapy changed to be more in line with the basic ideas of play therapy in that the teacher participants perceived their roles as being an observer and a follower instead of a playmate and a leader.

### **Functions of Play Therapy**

The functions of play therapy were the ways teacher participants explained what play therapy provided, both for their children of focus and for themselves. Play therapy was depicted as a door to a child's world that helps adults understand children better. One teacher, Cindy, explained the play process as a way for children to represent their world and what they felt about it by playing it out: "They are acting out, they are doing what they see everyday... they are telling what they know and what they see and what they are going through and what they are doing." She described that the child seemed to do this without seeming to know how much of her world she was revealing, including

how aggressive she felt and how she saw herself being cared for in her home. Cindy also expressed that the child was able to represent her world in a way in which she felt comfortable: "They are telling you what they are going through and what's going on in their lives. . . . They are opening a door into their world."

She further described play as a way for children to express what they feel without having to rely on words. Rather, the play itself was the way the child communicated what she felt and thought: "They don't always have the words . . . to express what they are feeling or thinking, but they can show you through their play and what they're doing with the toys and things." Another teacher, Lora, expressed a similar response about how children play out their world: "To me that's what play therapy is, children using play to express themselves in a way that they might not be able to any other way." Lora viewed play as a way for children to work through their problems by playing them out. She explained that play was the child's way of playing a problem out, sharing it, and working through it. These views are also reflected in existing play therapy literature as being a primary reason for using play as a means for helping troubled children (Landreth, 2002).

Again, this view of play therapy concerning the function and meaning of play supports the conclusion made in the previous section on changed views of play. Teachers' views of play and play therapy changed to be more in line with the basic tenet of children's play in play therapy, that children's play has meaning and is an expression of their world and feelings.

In terms of benefits for teachers, play therapy skills were perceived as a helpful tool for talking to children, seeing different qualities in them, interacting with them, and relating to them. One teacher, Cindy, expressed that the skills



helped her to know how to acknowledge what the child felt, needed, and wanted, and that those feelings and needs were important. She also believed that she had learned how to see the child's actions from the child's perspective and understand the child's behaviors: "As a teacher it is going to help me on how to talk with them. How to not get so frustrated with them when they are acting. It will give me a better understanding of where my kids are coming from." The qualities of interacting in a more helpful way and understanding children's needs with less frustration were themes that were identified in a previous study by Hess, Post, and Flowers (2005).

Hess, Post, and Flowers (2005) conducted a focus group with eight preschool teachers after they participated in kinder training. The teachers were asked open-ended questions and several themes emerged as teachers discussed the use of play therapy skills. One theme was described as, "the training helped teachers interact with children in a new and different way", similar to the previous teacher participants comments regarding helpfulness of the play therapy skills. An additional theme was, "teachers gained a better understanding of the children and made more allowance for 'children to act like children'" (p. 110). This concept was also similar to the previous idea of understanding children so that interactions would be less frustrating.

In the current study, play therapy skills also appeared to provide a better way of disciplining children, especially when a teacher's patience is severely tested and punishment seems to be the only remaining option. Cindy stated,

. . . how to look at the situation, what they are doing and why they are doing that; what is prompting them to make that choice; how to go with that in a certain way. It will give me a better understanding of where my kids are coming from. Play therapy is going to help me not to yell at them

or punish them, but really allows the child to feel comfortable and safe to talk to me.

This theme of creating a safer relationship was further elaborated as she stated, “I want them to know that I care and I listen to them. Once they feel that safety and security, then they are able to learn. They know I am not going to judge them.” Cindy expressed a connection between an emotionally safe relationship and the ability of children to learn.

Studies by Solis (2005) and Hess et al. (2005) reported similar findings in terms of teacher participants viewing play therapy skills as a helpful tool for discipline. Solis discovered that some teachers found the limit setting process helped them to manage student behavior as one teacher stated, “It helped them to remember what’s right and what isn’t right. ‘It’s not right to throw, it’s not right to hit your friends. Friends are not for hitting’” (p. 51). Similarly, Hess et al. reported on the theme that “teachers believed limit setting, in terms of giving choices, made discipline easier” (p. 110).

Before proceeding to the next section on teacher participants’ responses to play therapy and play therapy skills training, several points should be highlighted concerning teachers’ perception of the structure and function of play therapy. In sum, teachers’ views of play therapy reinforced their changed views of play. One teacher participant was able to see benefits play therapy provided in her relationships with children. This teacher was able to better understand children and use play therapy skills as a form of discipline. Both of these benefits positively affected the teacher’s stress and frustration. Understanding children seemed to result from having a changed view of play in that play was not meaningless or random, but an expression of children’s world and feelings. As a

result of better understanding children's play, the teacher did not seem to get as frustrated when children acted out.

Overall, the views of play therapy from the teacher participants in the current study appeared to be consistent with reports from other teachers in the existing literature in terms of the role of a teacher, the structure of play therapy, the use of play, and the benefits of play therapy.

## **Responses to Play Therapy and PTS Training**

### ***Initial Responses to Play Therapy and PTS Training***

In early interviews, teacher participants shared their initial responses and impressions toward the play therapy skills they were learning. These responses were made before teachers had their first play sessions with a child and were based on material that was taught and role-played in the training group. Responses ranged from expressions of hopefulness about the benefits and usefulness of the play skills, to awareness of the challenges in practicing the skills, to thoughts about possible limitations of skill use in classroom settings.

***Hopefulness and possible benefits.*** The most common initial responses to the PTS training were positive and hopeful about the benefits to children and the usefulness of the skills in the classroom. Three of the four teachers expressed positive feelings and thoughts about using the play therapy skills. One teacher, Anna, described looking forward to being with children in a different way, yet also feeling nervous about using the skills properly: "I am excited about getting to, to work with my students in that . . . way, you know, to be out, outside the classroom, but I'm, I'm, to be honest I'm nervous (laughter)."

Another teacher, Cindy, expressed similar, positive feelings: “I am looking forward to my session with my child, to start seeing and hopefully see a difference in her.” In discussing what she believed would be helpful for children, she described providing a safe, accepting relationship where the child would not be “punished” or “yelled at”, and would “have a safe place to fall if they need to. They are not getting it at home, and they are not getting that loving attention that they need, but they know that they can come to school and get it from their teacher. She cares about me and she listens to me.” She expressed believing it would be rewarding to help children feel safe and validated, and to relate to them so that they felt good about themselves, experiencing a boost in self-confidence. She also described the positive experience of learning to relate to children without being an authority figure or to “make them feel that you are over them or talking down to them. . . . It’s been really good.” In a similar way of relating to children, a teacher in the study by Solis (2005) expressed her appreciation of the play language used in the special times. She stated, “If you speak a certain way and in a certain tone to children, adults, too, they’ll respond. You have to be respectful...Children have feelings too” (p. 52).

In terms of benefitting teachers, two teachers discussed how the skills might help them manage their classes more effectively. Cindy believed she would be able to cope better when children behaved in difficult ways: “How to not get so frustrated with them when they are acting. How to look at the situation: what they doing and why they are doing that. . . . It will give me a better understanding of where my kids are coming from.” Another teacher, Lora, expressed that she could envision using the skills to respond positively: “I want to

try to be as positive and, you know, and not be a nagger all the time with the kids and not just be, or be a, you know, dictator with them.”

**Challenges of new skills.** A commonly reported initial response concerned the challenge of learning and practicing the language associated with the play therapy skills. The structure of play therapy skills responses, including not labeling a toy before the child labels it, not asking the child questions about play behavior, and reflecting the child’s feelings were some specific items that teachers found challenging.

Anna described the training as “eye-opening” in that it was a new role and was uncomfortable, trying to manage the structure of the skills and the changes in how she was to respond to children. She reported, “It’s very structured in that the role of the teacher is very defined. . . . There are things you do say and things you do not say. You don’t label toys unless the child has labeled it.” Another difference involved how she related to children in terms of asking questions and leading discussions: “It’s in my nature to . . . as a teacher ask questions, you know from them. So that’s going to be hard I think, to have to sit back and just be an observer, to have the child lead the discussion.” Her view of her role in a play session was that of being more of an observer of the child’s play rather than being a participant in the child’s play. She described a sense of “uncertainty” and even feeling “uncomfortable” because it was so different and new.

Another teacher, Cindy, explained that learning the skills involved a new way of thinking about how to relate to children and using a different kind of language to respond to children. Describing interactions that would help children feel understood more accurately and more completely by the teacher, she related how challenging it was to learn: “It’s been hard because it’s hard to do it. It’s . . .

like a foreign language. It's like learning to retrain your brain the way you deal with people and children." She also explained that it was difficult to first practice with adults in the training group because the responses seemed more appropriate for children:

It is a different kind of mind-set. It is different. I guess, with children, to me, I guess you cannot do it with adults because it sounds kind-of condescending. 'Oh, you like that toy.' With children it is very validating of what they are feeling and what they are doing. They like that.

These early impressions of the play skills training were consistent with findings from a study by Solis (2005). Solis found that teachers expressed some parts of the training were challenging and difficult. Five of the six teachers found it difficult to maintain a nondirective approach during the special play times. Some teachers found it challenging not to ask children questions. The teachers also expressed difficulty shifting their language and interaction style with children. As one teacher stated, "And so we were in this shell and you all were trying to pull us out of this shell and I think we were comfortable where we were, and I didn't want to cross the fence. Where I was . . . it was safe. I was on safe ground. So it was very hard" (p. 53).

**Potential limitations and concerns.** Most of the teacher participants expressed ideas about the benefits of learning play therapy skills; however, there were some reservations about how much the skills could be used in classroom settings. One teacher, Lora, expressed both limitations and optimism about using the play skills in a classroom setting. Her concern was for the amount of structure needed in a classroom and how that differed from a playroom setting: "Now some of the things I'm not going to be able to use because you've got a whole classroom and it's got to be more structured than what a playroom type of

environment would be . . . but I think there's still, I am starting to see a lot of things I can use in a classroom." She expressed tentative doubts about being able to return responsibility to children when they asked questions, such as when a child asks "What is this for", and the response would be "That's something you can decide." She stated, "A lot of times in the classroom you can't . . . do that as much. Now, I could be wrong (laughter) . . . that's something that I'm going to have to try and work." Her concern appeared to be that this might require excessive time to allow a child to discover things on their own without providing assistance. Similar concerns about classroom structure were expressed by teachers in the study by Hess et al. (2005). These teachers expressed difficulty in using play therapy skills in the classroom through the theme, "teachers felt some skills were hard to use in a classroom, because many children wanted attention at the same time" (p. 110).

Another teacher, Cindy, expressed the challenge of using the skills as well as she wished and wanting more practice: "I'm getting a lot out of it and I'm finding it hard to implement it into my everyday, everyday class. I need more practice with that." In a more personal reflection, Anna expressed concerns about her ability to adequately learn the material and what the consequences could be should she not respond to a child appropriately: "I guess the uncertainty is in, in me, you know, am I going to be able to do, to do it, to do it, do it right because if you go in there and do it wrong, then I don't think it will be as effective. Uh, and I think it would lose its purpose."

### ***In-process Responses to Play Therapy and PTS Training***

As the teacher participants began to have practice play sessions with children, they described their reactions and those of the children. Their in-

process responses were similar to many of their initial impressions of learning the play therapy skills, especially with regard to the challenges of learning play therapy language and seeing benefits for themselves and their children. New responses were generated to play sessions with children and the training process itself.

***Positive responses to PTS training.*** Teachers described positive experiences in their relationships with children and with regard to managing their class, specifically when dealing with difficult issues and discipline needs. Their positive responses seemed to focus on relating better to children, leaving both teacher and child with a more positive interaction. One teacher, Cindy, focused especially on having improved relationships with children by using the play therapy skills to communicate understanding of the child's thinking and feeling. Her view seemed to be that by communicating understanding and relating with more care, the child felt safer and was easier to redirect: ". . . just a better way of speaking to them, not talking down to them, being more on their level and relating to them and they find you secure and safe." Continuing with these ideas at a later time she summed up her experience and optimism about relating to children using her new skills.

. . . validation of their feelings and their, you know, what they're doing and rather than . . . just going straight to saying, "No"; but saying "I can tell you really want to do this". . . It's just a different way of interacting with them and it's weird, but it's, it's you know, I can see it works. . . . They relate to you better. They feel more secure with you . . . when you do validate what they are feeling and what they are thinking.

A second teacher, Lora, also expressed that she saw benefit in acknowledging a child's feelings and communicating that she heard the child and knew what was important to the child. She described an incident in which a boy



on a field trip had become separated from his group and was apparently anxious and sad. She used the play therapy skill of reflecting his feelings in helping him cope and find his class. She stated, “We get so caught up in ‘We’ve got to get here, we’ve got to get here’. . . . I forget that a little bump is a major thing to a five or six year old.” She expressed seeing value in hearing children and being empathic: “I am acknowledging it, at least they know that I heard them, and to a lot of kids that’s what they need, to be heard.”

George expressed how using the play therapy skill of giving choices helped him feel less guilty about enforcing rules and limits. He allowed the child to make a choice and accept the consequences. This helped him to notice that children in his class were able to make good choices about doing their work and getting along with others. When asked about what play therapy was, he responded, “I think it’s a good tool for teachers, for anyone to put into practice, because it helps you to control and to understand, maybe some behaviors. And it’s good to make the kids be responsible for their own actions. So I like it.” Although play therapy was not intended to be used to control children’s behaviors, it provided teachers an alternative tool for discipline. He further expressed that having the PTS training earlier would have helped him relate to his students in a less judgmental way.

If I knew that stuff at the beginning maybe I would be, I may have been able to help them more. You know, like, well I was like, judging them . . . making all these judgments and then I learn not to do that because they can get hurt, the kids, and you don’t want to do that. Maybe I would like that, that to be included in the program.

All four teachers expressed plans to use their play therapy skills in the future and appreciation for having learned the material, as the following quotes emphasize: “I’m hoping next year I can start from day one, and that’s what my

plans are”; “I was still glad to have got the training and got, you know, learned from it”; “I’m talking and I’m using it. It’s good”; and “Oh, I think it was good. It was good because I think I learned a lot just, it was good for me to be able to actually do a session. . . . It was fun!”

In a similar way, positive teacher experiences were also found in Solis’ (2005) study. Solis reported that all teachers expressed a general liking of Kinder Training. Findings also suggested teachers appreciated some of the skills they learned and found them helpful. Some teachers emphasized the benefits of tracking, as one teacher stated, “I believe the tracking was encouraging, because it made them do more, made them want to do more” (p. 51). Teachers expressed that tracking increased the amount of communication between the teacher and the child, and enhanced students’ learning and vocabulary. Some teachers also found limit setting was helpful in managing student behavior.

***Challenges of using play therapy skills.*** In early play sessions, two teachers described their responses to using the skills and to their children’s reactions. Common themes for their experiences were that they continued with having to work hard at learning and using the play therapy skills verbal responses, and they found reasons for optimism and even excitement about how their children responded to the play sessions.

Anna expressed that she felt nervous about her responses, trying to follow the structure of the skills while also wanting to sound natural. In particular, she was concerned about labeling toys before the child had labeled the toy (giving the toy a name such as a “car”, “doll”, or “broom”): “It’s completely different from the way, I normally would interact with a child. So, yeah I was nervous about that and trying to make sure not to label the toys.” She also described that it was

difficult not asking questions, as a way of not directing her child's play. She was surprised to find that the child was more verbally responsive and active than he usually would be in the classroom. Whereas the child had been very quiet and even withdrawn in class, she described that he related to the teacher much more: "So, it was exciting to see him. You know, he was making a lot of eye contact with me and it was just, it surprised me." She expressed that she felt excited about how their relationship might change and that he might become more interactive with children in the classroom. She continued in describing how she and the child related to each other in a positive way, with the child having fun and seeming confident.

The second teacher, Cindy, also initially discussed how she struggled in learning this new way of responding because it was so different from what she was accustomed to: "It was so hard to, you know, figure out how to reflect back to them. So it was rough for me because it was new and it was very different and not what I am used to." She also described how it was difficult to not relate to her child through asking questions. She expressed wanting to improve at reflecting feelings and thoughts rather than reflecting using questions. She went on to relate a situation where her child of focus noticed the difference in her responses, asking "Why are you copying me?" This was a response she wasn't yet prepared to deal with using the play therapy skills and she reported not knowing how to respond. She described feeling "awkward" and "uneasy" from not knowing completely how to respond and not feeling entirely comfortable in responding, but recognized that she was improving: "So, but I am learning and I think that it will get easier and get better." She expressed believing that she needed more practice and that she would become more comfortable with how to respond. She

was generally optimistic about how practicing would improve her responses: “I think the practice is going to be very helpful and I am glad we get that opportunity to do it because it will be very helpful to do it.” She viewed the child’s reaction as positive and believed the child felt special for having the teacher’s attention and care.

The common process these two teachers expressed was that they experienced the skills as challenging and even difficult to learn, and yet also experienced positive interactions with the children participating in the play session. The language and structure of the play therapy skills responses were areas in which they continued to have to work hard, but it seemed they were able to see benefits in their relationships with their children and in the children themselves.

***Potential limitations and concerns.*** Limitations in the use of play therapy skills in the classroom were expressed primarily by one teacher, Lora. Her concerns centered on the time it might take to allow children to figure something out on their own and on the confusion children might experience between rules and roles in the playroom versus the classroom. She had initially expressed reservations regarding the time required for children to figure things out without assistance and a later interview showed that her views had become more settled. This play therapy concept involves returning responsibility to the child when the child asks questions or requests guidance; for example, if the child asks “How do you put this together?” one play therapy skills response would be “In here, you can decide how those go together” (Landreth, 2002). Lora expressed her doubt about using this in a classroom setting in saying, “I don’t see that I am going to, as a teacher, I don’t have the time to just wait until a child

figures out how to do something. So that, I can't use that, I don't think in the classroom."

She also expressed that some children might be confused by having different expectations in the playroom than in the classroom and a different relationship with the teacher in the playroom than in the classroom. She described that because children are freer to decide what to do in the playroom, they may conclude they have the same level of freedom in the classroom. She gave an example of what the child might think: "I am special so I don't have to do what she tells', or, 'I don't have to do what the other kids are having to do because I am special to the teacher.'" She also discussed that while the child could speak to the teacher one way in the playroom, the child might not be allowed to say the same things in the classroom, giving the following example of a teacher response: "You can't talk to me that way; I am your teacher.'" Again, she emphasized the difference in relationship expectations between playroom and classroom. Lora's concern about expectation changes appeared similar to her previous concern about allowing time for children to figure things out by themselves in that both of these issues could have an impact on classroom management. Her first concern seemed related to managing classroom time and her other concerns appeared related to managing classroom order.

***Reactions to the training process.*** The training group meetings provided a place for the teachers to practice their skills, ask questions, observe how the play therapy skills should look and sound, and review how their play sessions with children had developed. Role-playing in front of the trainer (school counselor) was perceived by Anna as helpful: "The helpful part has been . . . the role-playing to see, and also uh, having the counselor . . . there too, while we're

role-playing to guide us and to correct us.” Role playing within the training group also contributed to preparing for practice with children, giving the teachers a chance to ask the trainer about responses for specific situations and allowing the trainer to role-model play skills. Watching and reviewing tapes of play sessions was also helpful for noticing where responses could be improved or changed. As Anna noted, “I saw where I labeled some things. So it was good to see.”

At some point in the training process most of the teachers described being challenged to remember how to verbalize play therapy skill responses appropriately. The practice play sessions with children were viewed as a positive source of learning by Cindy: “I feel that I need more practice with them, but I am still picking it up, but I think that with more practice I’ll get it down better and be able to use it more and more.” In general, the teachers expressed the benefits of being able to experience the play therapy skills rather than only discussing them. Anna stated, “Anytime you can go to training and have it that way it’s so much better than one just watching videos and reading about it, you know, it’s more helpful when you get to do it.”

### **Changed Views of Play Therapy**

One teacher participant, Anna, expressed a difference she realized regarding who leads in the play session, compared to a typical counseling session. She said,

I thought it would be, uh, just from what I had seen on TV. I had seen reports of children that had been abused or had been through a trauma and so that’s what I thought, “oh, play therapy, it might be that sort of, more of a counseling type of thing where you have a child that had a specific trauma or something.” So that’s what I thought originally, where I would do the talking. I don’t see it that way anymore. I see more as child focused or directed. So that’s the difference.

For Anna, her initial ideas about play therapy were that it was like a counseling session where a counselor would lead the talking. She also began the training with the belief that play therapy was intended for children with significant emotional or mental disturbances. Over the course of the play therapy skills training she realized that in play therapy, children lead and decide what to play, how to play, and what to talk about, and that play therapy is not just for children who have been traumatized.

A second difference she expressed was in her involvement with children's play. At first, she thought play therapy was about playing with children in a room. The role she imagined for herself in the play session went from being a playmate to being more of an observer as she stated, "Um, yeah. And then adults that's not playing with the child. An adult that's kind of, not really following the child but just kind of standing back watching."

Another teacher, George, described the process of learning play therapy skills as surprisingly positive. When asked at the first interview about his perceptions of play therapy, he responded, "I didn't know what it was, besides that they go and play (laughter). And I couldn't imagine what, what they did." However, after he had more sessions of training and had a chance to use play therapy skills with the child of focus and with other students in the classroom, he started to see the benefits of the skills. At a later interview, he described the play therapy skills training, saying,

It was like a good experience. It was good for me like, I really uh, found it useful. It was not boring at all. Like sometimes you are like, "Uh, play therapy", or something like psychology or whatever and you are kind of like, "Oh I am going to read all these book, or something." But no, it was really interactive. It went good, I mean, I really like it and because you can see it, you can put it into practice.

George described the importance of getting actual experience with children and how that made the process more interesting and meaningful. He continued saying, "I think it's a good tool for teachers, for anyone to put into practice, because it helps you to control and to understand, maybe some behaviors. And it's good to make the kids be responsible for their own actions. So I like it." George first showed some doubts about play therapy and the training. It was hard for him to see the benefits of the use of play and he was concerned about how boring the training could be. But his perceptions changed after he used the skills and saw the differences in his child of focus and in the classroom. Play therapy skills became "a good tool" for him as a teacher to understand students better and have better classroom management.

Another teacher participant, Cindy, expressed her initial lack of understanding of play therapy: "Play. Play. I mean just that. I think especially before I actually stepped into the play therapy, you know, I didn't see what it was doing, because they were just playing. I didn't realize what it was doing." After the first session of play therapy skills training, her perception of play therapy changed as she stated,

. . . but now I see more that they are telling what they know and what they see and what they are going through and what they are doing. . . . They are acting out. They're getting their feelings out, those aggressions out. They feel that they are playing and that they are having a good time and they don't really know that they are showing you. They are opening a door into their world.

She began to see play as a way of understanding the child's life and how the child felt about certain parts of the child's life.

After she had a chance to use the skills, she expressed the benefit of validating feelings. She stated, "It's just a different way of interacting with them. .



. . I can see it works and you know, they relate to you better. They feel more secure with you . . . when you do validate what they are feeling and what they are thinking.” For Cindy, creating a safe learning environment was one of the expectations she had for herself as a teacher. It appeared that validating the child’s feelings helped her achieve this goal; she related better to her students and they related better with her.

## **SUMMARY**

The data categories addressed research question one in terms of teacher participants’ perceptions of children’s play, play therapy, and play therapy skills training. Although teachers’ views of play have been investigated in the field of early childhood education, this is one of the first studies in early childhood education to examine play and play therapy skills training together.

Based on the data categories, the themes of teacher participants’ views of play were: source of enjoyment, expressing self and feelings, play and pretend, play and social development, learning through play, play as a reward, and changed views of play as a result of play therapy skills training. Teachers’ views of play and changed views will be discussed further in the Discussion chapter.

Concerning the teacher participants’ views of play therapy, the following theme categories emerged: structure of play therapy, functions of play therapy, responses to play therapy and play therapy skills training, and changed views of play therapy. In the theme category of structure of play therapy, play therapy was first described by teachers as “very structured” and “very educational” while the role of a teacher was perceived as “very defined”. The teacher’s role was viewed as defined in that a teacher’s responses to a child were structured in such a way that the teacher believed that she could better understand, relate to and interact

with a child. These structured responses were described as the play skills of tracking, encouragement, empathy, and limit-setting in the study by Edwards (2007), and “play therapy language” in the study by Solis (2005). The teacher’s role was also viewed as being less directly involved and being more of an observer and a follower. This perception of the teacher’s role represented a significant change for one teacher when she stated, “I’m not leading or guiding the child. . . . It’s in my nature to join in or you know, as a teacher ask questions. . . . So that’s going to be hard . . . have to sit back and just be an observer.”

Regarding teacher participants’ perceptions of functions of play therapy, the teachers described what play therapy provided both for their children of focus and for themselves. Two teachers believed that children used play to express themselves without having to rely on words. This view of play therapy was consistent with their changed views of play in that play was children’s means of self-expression and communication. Rather than random behavior, children’s play had meaning and was an expression of their world and feelings. Regarding what play therapy provided for teachers, play therapy skills were perceived as a helpful tool for talking to children, interacting with, and relating to them. The same teacher who described play in terms of learning different things also expressed a connection between having an emotionally safe relationship and children’s ability to learn. Play therapy skills also appeared to provide a better way of disciplining children in that the skills helped the teacher to better understand and relate to children and to know where their behaviors came from. Both of the benefits of understanding children better and providing a better way of discipline seemed to help the teacher lower her frustration and stress levels. What seemed new in teachers’ perceptions of functions of play therapy was the consistence between

teachers' changed views of play and their perceptions of play therapy. The finding that this teacher seemed to perceive play therapy skills as a better way to discipline children in terms of relating to children better and allowing children to feel comfortable and safe to talk to her was somewhat different from the previous studies in which discipline through limit setting was emphasized.

It appeared that the teachers' initial responses to play therapy and the play therapy skills training ranged from hopefulness and excitement to uncertainty, challenges, and concerns. The teacher participants expressed their desires and beliefs in building a positive and safe relationship with children through using play therapy skills. They also expressed challenges and difficulties of learning the play therapy skills and applying them. One teacher expressed difficulty in that learning the play therapy skills involved a new way of thinking and using a different kind of language to relate to children. She also explained that it was difficult to first practice with adults in the training group because the responses seemed more appropriate for children. For the first time one teacher participant expressed an uncertainty in herself in that she thought if she did not apply the skills correctly, it might not be as "effective" and it might "lose its purpose." Limitations in applying play therapy skills in the classroom setting were also described. One teacher's concerns appeared to be that she probably would not be able to use some of the skills because of the size of the class, and that it might require excessive time to allow a child to decide and make choices.

Based on in-process responses, the teacher participants reported benefits of using the play therapy skills, especially in acknowledging children's feelings and giving choices. One teacher used the rare expression "less guilty" to describe his reaction to using the skill of giving choices to a child. Giving the child

choices for which the child could take responsibility helped him “feel less guilty” for the consequences of the child’s choice. The teachers also expressed plans and interest in using their play therapy skills in the future, and appreciation for having learned the skills. Two teachers continued to express the challenges of using play therapy skills in terms of not labeling things, not asking questions, or making correct responses. Although these teachers expressed having difficulty, they also reported experiencing positive interactions with children in the play sessions. A new finding in teachers’ in-process responses was a concern about the dual roles a teacher played as therapeutic agent and teacher, and different rules between the playroom and the classroom. One teacher described that a child might be confused and felt special to the teacher so that the child would not need to do what the teacher asked her to do in the classroom. Her concern appeared to relate to managing classroom time and order. In general, the teachers thought the training process was helpful, especially when role-playing, and watching and reviewing tapes of play sessions.

The research questions reflect the nature of the play therapy skills training process: the early part of the training emphasized rationale and perceptions of play, play therapy, and children, while the later part emphasized applying the skills, practice, and experiences. Research question one addressed the perceptions teachers had about play, play therapy, and play therapy skills training and how their views of play and play therapy changed with experiences. Research question two will explore teachers’ perceptions of their experiences of using play therapy skills with the child of focus and with other students in the classroom, experiences that led to changes in teachers, the child of focus, and the teacher-child relationship.

## **Chapter Five: Results for Research Question Two**

Research question two: How do teacher participants perceive their experiences of using play therapy skills with the child of focus and with other students in the classroom?

According to the teacher participants, the play therapy skills training led to changes in teacher participants, changes in the child of focus they worked with in their classrooms, and changes in the relationships between the teacher participant and the child of focus. The teachers also described their perceived advantages and disadvantages of being a teacher and a therapeutic agent for the child. In addition, the reasons they did not consistently have play sessions with their child of focus and the reasons they were not able to use play therapy skills in the classroom were discussed.

### **CHANGES IN TEACHER PARTICIPANTS**

The teacher participants saw changes in themselves in terms of awareness, attitudes, skills, and emotions. The teachers reported that they were more aware of skills they learned, opportunities to use the skills, their expectations, their own weaknesses, the importance of the relationship with the child of focus, insight about self and the child, bias toward the child, and verbalization that was more like a teacher.

#### **Changes in Awareness**

The responses concerning awareness suggested two significant kinds of awareness: awareness of responses and awareness of personal biases. Awareness of responses included responses teacher participants actually made

and responses they could have made using play therapy skills. One teacher participant, Cindy, described a situation where she could use the skills to respond to a child: "I'm trying with individual, you know, just saying things like, 'I know you really want to play with the jump rope, but that's not where you may do that.'" Another teacher, Lora, caught herself saying, "Don't do that. Get over here!" . . . As soon as I said something like that, I think, 'Oh! I should have said it another way.'" The training made the teachers more aware of their response patterns and habits.

The second kind of awareness was of personal bias and beliefs about the child of focus. One teacher participant, Anna, realized the need to understand the child before making judgments. She also learned the importance of making an effort to build a relationship and develop insight about the child. After having play sessions with the child of focus and seeing the positive changes in the child, Anna stated, "I think of an awareness that, you know, where in the beginning, I labeled him a bad child. . . . I think that in my own mind. I was thinking, 'He's just a bad child.'" She continued to address the importance of making an effort to not label children and to build a relationship with them: "I think I need to work on not labeling, not being so quick to label the children, but to make an effort to uh, to build a relationship like I did with him [the child of focus]. . . . Building that relationship with them is important." The training allowed Anna to reflect on her own bias and beliefs. It gave her a chance to have a better understanding of the child of focus and herself as she stated, "PTS I think for me, it gave me insight into the child, and also for me as well. . . . The training allowed me to think, to take a look at myself and think about maybe what I needed to change."

The study by Helker (2006) supports the finding of increased awareness in teacher participants. In Helker's study, after completing the Child-Teacher Relationship Training (CTRT) program, teacher participants were asked to respond to six different questions concerning the training. In the last question, "Please write anything else that you want your trainers to know about this experience", one teacher participant responded "I have increased my knowledge and awareness in several areas. Therefore, I truly think that I have become a more competent teacher" (p. 81). Though non-specific, the teacher participant indicated an increase in level of awareness. In the study by Solis (2005), teacher participants who received kinder training reported on changes they observed in themselves. One of the changes teacher participants reported was increased awareness of the kinder training skills.

### **Changes in Attitudes**

One teacher participant, George, seemed to directly express a changed attitude toward play therapy skills when he stated, "Once you use it, you can see the benefit. I see the difference." Other responses also seemed to show changes in attitudes as teacher participants reported changes in terms of respect, empathy, sensitivity to the child's needs, being more positive in talks and attitudes, motivation to change, and focusing on children more than the textbooks. These responses seemed to demonstrate an emphasis on caring and relating to the child. This attitude of caring about the child is evident in the following statement by Anna,

I think my expectations in the beginning were more teacher expectations. Uh, I was more concerned about meeting those expectations. Somewhere along the way, I kind of forgot them as little people. I think that training

helps me remember they're more than just the textbook, and I need to focus on them.

Regarding changes in respect, Lora expressed her efforts to show respect toward her students by using a respectful tone. She described a situation when she responded to a child in a more respectful and positive way,

We went to the zoo. There was a little curb along the fence. Instead of saying, "Get down off of the curb", it's like, "The sidewalk is made for walking. Let's walk on the sidewalk so we don't slip on the curb." To me, it's more positive. You are telling them the same thing but it doesn't have as much of an "eech" sound.

The following statements from teacher participants showed changes in attitudes in terms of empathy toward children's needs, feelings, and opinions. Lora stated, "I'm trying to vocalize their feelings and be more empathetic and show more empathy to the students." She also said, "One thing I feel like I'm learning is acknowledging the feelings. . . . At least they know that I heard them and to a lot of kids, that's what they need---to be heard." Another teacher, Anna, reported,

I'm more receptive to what my students have to say, to what emotions they have, uh, more you know, like trying to be more aware of them. You know, seeing who is tired, who looks sad, and I don't think I really noticed that before.

A third teacher, George, realized he may have hurt his students through his criticism and expressed his regret by saying, "I was like making all of these judgments, and then I learn not to do that, because they can get hurt." The reported changes in respect and empathy seemed to show teacher participants' caring and understanding attitude and behavior toward children.

Several studies supported the finding that teacher participants experienced changes in attitudes. The study by Hess, et al. (2005) reported



similar findings in changes of teacher participants' attitudes about recognizing children's feelings and opinions. Hess et al. reported teacher participants' "valued children's opinions and feeling more highly", and "teachers gained a better understanding of the children and made more allowances for 'children to act like children'" (p. 110). Results from the study by Solis (2005) also showed that teacher participants had increased "recognition that children need individual attention from their teachers" (p. 58). Helker's (2006) study showed changes in attitudes as expressed by one teacher who stated, "I am more patient, taking into consideration the way I see things and the children's view too" (p. 79). Another teacher described her changes in attitudes as, "learning to stop and listen to what children are trying to say" (p. 79).

### **Skills Learned**

With regard to skills learned, all four teacher participants described the play therapy skills they learned and used with the child of focus and with other children in their classrooms. The skills included skills of encouragement (focusing on children's efforts), returning responsibility, allowing children to make choices and face the consequences, recognizing children's feelings, and noticing children more.

The skill of encouragement differs from praise in that encouragement acknowledges children's strength, abilities, and efforts instead of the outcome of their activity. The purpose of encouragement is to enhance children's internal motivation and therefore reinforce their self-esteem. Anna described a situation where she used the skill of encouragement:

I remember one of my little ones wrote like a whole paragraph. And instead of saying, "Oh, you did such a good job!" I told her, "I can tell you

put some thoughts into this. You worked hard on this". And she was like, "Yeah I did!"

Anna also described another situation where she could have praised the child as she had in the past; however, she remembered what she learned about encouragement and instead focused on the child's effort. She stated, "You know, where I would have said, 'Oh, that looks very nice. That's very pretty.' 'Oh, you worked very hard on this. You are so proud.'" In this situation Anna not only emphasized the child's effort, but also acknowledged how the child might feel about her effort. Acknowledging feeling can also be identified as the skill of empathy.

The skill of empathy includes acknowledging children's feelings and needs. Acknowledging a child's feelings and needs helps the child to know that the teacher cares and understands, and it often helps relationship-building between the child and the teacher. The use of empathy is also part of the limit-setting process. One teacher participant, Lora, reported her use of empathy on a field trip with one little boy:

I'm trying to acknowledge when they express a feeling to me. . . . Today on our field trip . . . I had one little boy that had to be removed from his group, that was very upset. So I used, "Yes, I know you're upset. I can see that you are very upset and you are very sad that you can't go to be with your group." . . . So I'm trying to use those and be more empathetic with the students.

Although Lora expressed difficulty in acknowledging feelings, she recognized the benefits and tried to use it when she had opportunities. She stated, "I think it's really hard to acknowledge those feelings. Now that I picked up and I think that's a good thing and I can carry that in the classroom. . . . You know trying to do that so they know that I have listened."

Another teacher participant, Cindy, described that she noticed more of what a child was doing and feeling. In a situation instead of saying no to a child, she was able to respond to the child in a different way using the skill of empathy, as she reported,

Uh, noticing more what they are doing and a different way to talk to them and talk with them. Notice what they are feeling and respond to that rather than just telling them, no, no, no. You know, "I know you really want to do that but" . . . kind of acknowledging their feelings.

In addition, she was also able to set limits by acknowledging the child's feelings and needs before she set the boundary and gave the child an alternative. She stated, "I'm trying to say things like, 'I know you really want to jump rope right now but that's not for inside. You may use your jump rope for recess.'"

The skill of returning responsibility is used to empower children. Allowing a child to choose gives the child an opportunity to face consequences, and ultimately learn self-control. Teacher participants expressed their desire to give students choices. They allowed them to make a choice and face the consequences of their choices. Anna reported her use of returning responsibility to her students in a classroom setting:

I've tried and I've seen myself, you know, giving them choices. "OK, you can choose to finish your work during this time or you can choose to go to work station, and use recess to finish your work." . . . I'm trying to give them back some of their control.

George also stated that he tried to give his students choices:

I have been working on the choices. . . . I have been talking to them like, "If you decide to do it, you decide also to lose five minutes or whatever time out of your recess." . . . You decide if you want to play and have fun or you don't. You decide. I mean some of them make really good decisions.

Although not specifically mentioned, teacher participants appeared to learn to observe children more closely as they developed their play therapy skills. They had to notice children's feelings and needs, the efforts children made with tasks, and the limits of acceptable behaviors in order to respond to children using play therapy skills. The following statements from the teachers (Anna and George) showed that they became a better observer of children. "I guess I'm more aware . . . like listening to them and paying attention to them more." "I can be, like more, a better observer of the kids' behavior. Like in the classroom, sometimes they fight for scissors, or they are aggressive, or they are quiet. You know, like pay a little bit more attention."

Several studies support the finding of changes in teacher participants' skills (Hess, et al., 2005; Solis, 2005; Helker, 2006; Edwards, 2007). The skills which were reported by the participants of these studies included allowing children to choose (Hess et al, 2005; Helker, 2006; and Edwards, 2007), and setting limits (Edwards, 2007).

### **Changes in Emotions**

Regarding changes in emotions, teacher participants showed hope and excitement, felt less guilty, felt more equipped, felt more connected with students, and showed eagerness to use the skills in a new semester. Three of four teacher participants expressed their desire and excitement to use the skills in a new school year as they stated,

Next year I'm going to start the first day like, "You decide to do this . . ." right from the very beginning (George);

I'm hoping next year I can start from day one. . . . Like "When you choose to do this, this is what will happen" and really making myself stick with that (Lora);

You know I can see myself applying some of those things to the whole class. . . . It's something that I am going to use next year. . . . I feel as a whole what I have learned. That's just going to be always, always with me (Anna).

George also described how much he liked one of the particular skills he learned and how much less guilt he felt when he tried to allow his students to make a choice and face the consequences of their own choice. He stated, "It's good! I mean it takes away a lot of guilt from you. Like, I'm not the mean teacher. . . . I really like it (choice and consequence)." Another teacher, Anna, described how the PTS training helped her with her stress about managing the classroom as she reported,

I think it (PTS training) helps. You know in past years, it seemed like I've had melt downs. I could just yell. . . . But it helps me stay calm and not being stressed. . . . I think it makes a difference. . . . And it's kind of funny that I think back over the years and think, "Oh, why didn't I know this before."

She also described how excited she was to see the changes in the child of focus and the relationship with the child in the classroom setting. She said, "It was exciting to see him, you know, make lot of eye contact with me and it was just, it surprised me. . . . I am excited about how our relationship might change in the classroom, too." For her, the skills helped her relate not only with the child of focus, but also with her other students in the classroom. She was able to relate to them not just in terms of teaching but in a more personal and emotional way as well. She stated, "I guess the skills help me to make connections with them, not just the teaching connections but the personal."

In the study by Hess et al. (2005), one teacher participant expressed more self-confidence and less stress in terms of being able to handle the class after receiving the kinder training. The finding in Helker's study (2006) also showed

that one teacher viewed the CTRT program as “invaluable”, believing that all teachers should have opportunity to acquire this knowledge and skill.

### **VIEWS OF CHILD OF FOCUS**

The ways the teacher participants viewed their child of focus with whom they worked in their classrooms included seeing unexpected behaviors in the playroom, and noticing positive behavior changes in some children, while observing immature, attention seeking, and regressive behavior in other children. Teachers also expressed expectations regarding the child’s verbalization and involvement in the child’s play.

### **Unexpected Behaviors in the Playroom**

Having play sessions with the child of focus allowed the teacher participants to see different behaviors in the child they had not noticed in the classroom, even though all of the four children of focus seemed to enjoy their special play time with their teachers. Teacher participants’ statements included, “He seems very happy in there”; “I think she really enjoyed that special time with me”; “She asked me the next day when she was going to get to do our special time. . . . So I know she was happy with it and excited”; and “He is always like, ‘When are we going to play again?’” In sum, all of the four children of focus enjoyed and looked forward to their special time with their teachers.

Differences in verbalization were noticed with two children of focus. One teacher participant, Lora, described that the child of focus was very excited and talked all the way, while walking down the hall to the playroom. When they entered the playroom, Lora noticed that the child quieted down. Lora described that she suspected the child might have felt overwhelmed by the toys. The

second teacher participant, Anna, reported that the child of focus was unexpectedly very interactive during the play session. Anna expressed that the child was making more eye-contact than usual and shared a great deal about his family. This particular child was seen as a quiet child in the classroom: “It surprised me, because he has done more than he has all year. He is always very quiet. Even when you ask him questions, he is just very closed up.”

A third teacher participant, George, described surprise at the decisions the child of focus made during the play session. The child showed judgment in the playroom that George had not observed in the classroom. George stated,

He was first, he was trying to get to use the sand box. He was like, “Uh, I was going to play with this but I won’t do it because I can make a mess here and I don’t want to.” . . . It’s good that he is being cautious like that. . . . I went like, “Wow!” because he, in the classroom, he maybe going to line up and then, I don’t know maybe that he’s probably between these two kids and he push them so he can fit in . . . but he was good that he made that decision on his own.

### **Expectation of Verbalization and Teacher Involvement**

Teachers’ expectations of verbal exchanges with the child and being involved in the child’s play were evident from the descriptions of their interactions during play sessions. Two teacher participants (Lora and George) were aware they expected more verbal communication and involvement in the child’s play. Lora reported that the child of focus did not talk much, and neither did the child involve the teacher in the play, saying, “She didn’t really involve me a whole lot or get me to play or didn’t do a whole lot of conversing with me.” Similarly, George also described that the child did not involve him in play or conversation. George stated, “He likes to play alone and he doesn’t like to speak when he is playing.”

A third teacher participant, Cindy, described that the child of focus talked quite a bit and asked many questions, but did not really involve her in her play during the first two play sessions. Cindy expressed that she expected the child to involve her in the play, saying,

I did expect her to involve me more than she did but you know, that was fine that she didn't because she was very interactive with me in talking and chatting and probably would have been ok without me being in there to just sit and talk. You know, it just surprised me that she did not involve me as much as she did.

However, Cindy noticed a difference in the third play session, and reported, "She didn't actually talk a whole lot in that one [play session] because she was so involved with the sand box that I was kind of boring to her apparently."

### **Positive Changes Observed in the Child**

Two of the four teacher participants (Anna and George) reported positive behavior changes in their children of focus in the classroom, while the play sessions progressed. Between these two children, the following positive behaviors were observed: the child of focus felt more confident, the child was making progress and showing motivation in reading, the child was making new friends and helping others, the child seemed to enjoy school more and volunteer to solve problems on the board, the child finished all homework, and the child had stopped hitting other children.

Both Anna and George noticed changes in the child of focus in terms of confidence. Anna stated, "I have seen such a change in him. He is more confident." George reported, "He was doing good. He was more confident." Both teachers also reported the child's progress on reading. Anna stated,

It's funny because last week the reading teacher we had in first grade came by and he'd been wanting to read with her. Then she came back to



talk with me about him, she said, “I have to tell you that he did such a wonderful job for me.” And in Spanish she said he was reading a fourth grade level book.

George stated, “And yesterday the mom came and she told me, uh, he was reading and then he was so proud and he told her, ‘Look mom I’m going to read all these books.’”

Anna described the child’s willingness to volunteer to work on the board and to help another student. She noticed that the child was making new friends and enjoying school more. Anna stated, “He raises his hand more. He volunteers to work problems on the board. I see him, uh in the groups now that he takes a more active role, and he is talking and he has made new friends in the classroom”, and “He helped me with one kid. ‘I can help him with that. I can show him. Let me show him.’ . . . I think he is enjoying school more.”

Both of the teacher participants noticed that the child of focus was proud of their own behavior or conduct. Anna reported, “He shows me his work, you know, ‘Look, I’m finished.’” George stated, “He is coming to me and he’s like, ‘I’m not hitting anyone, not on purpose, not by accident.’ ‘I’m doing all my homework. I’m doing it fast. I’m doing it the best I can.’”

Studies by Solis (2005), Helker (2006), and Edwards (2007) each supported the finding of observed positive changes in children by teacher participants who received either CTRT or kinder training. In the study by Solis, teachers who received kinder training reported observing the following positive changes in their students: an increase in children’s self-esteem, decreased conflicts with other students, more participation in class activities, progress on working on tasks, more verbal communication with other students, and decreased problematic behaviors. In the study by Helker, most teacher

participants who participated in the CTRT program reported observing similar positive changed behaviors in children. Those changes included decreased aggressive behaviors, more participation, increased self-confidence, excitement about learning, progress on academics, more interactions with other students, and increased willingness to try new things. In Edwards' study, one teacher described seeing more self-confidence in the child while another teacher reported that the child seemed happier as a result of the kinder training.

### **No Changes and Regression Observed in the Child**

The two other teacher participants (Cindy and Lora) did not observe positive behavior changes. Instead, they reported that the child of focus was regressing, still immature and still needed extra attention: (Cindy) "She still needs the extra attention and is very immature for her age"; (Lora) "It's just real baby talk, with her, with the way she talks. She has done that before but it seems to be very aggravated now...she was also, her behavior was starting to regress when I was still doing sessions with her."

### **CHANGES IN TEACHER-CHILD RELATIONSHIPS**

The teacher participants reported changes in the relationship with the child of focus. One teacher participant, Anna, described that she believed the play therapy sessions and the process of maturing allowed the child of focus to change and grow. The relationship used to be "very stressful" as she thought back about the beginning of the school year. However, after having one-on-one play sessions, the child was more confident, and sharing more with the teacher. As Anna described their current relationship, she stated, "We've built a

relationship now...I think he feels more comfortable with me, and I think I feel more comfortable with him, too.”

Another teacher participant, Cindy, described how the play session made her feel good and how it also made her child of focus feel special. At an earlier interview when the teacher was asked about her interaction with this child, her answer was as follows:

Frustrating. I get frustrated with her. . . . Uh, usually the behavior continues. It doesn't help at all, I mean it really doesn't, because then, she gets frustrated, and I'm frustrated and then we're both having a bad time with it and that what's I want, that's the cycle that I want to break, and you know, show her that's not the way to get my attention. You know, those, you don't need to do things like that to get my attention.

Prior to play sessions, nothing Cindy did in class seemed to help her with this child. She was feeling frustrated and the child often cried and whined in class. The play sessions allowed the teacher to pay attention only to this child, meet the child's need, and gave Cindy a way of interacting with the child without getting frustrated. She described the first play session as follows:

It made me feel good because it made me feel like, she wanted, like she was happy to be there with me and wanted that time with me and it made her feel special . . . especially when I said, “Yes, we are.” She smiled real big and so, I mean, that made her happy that we were going to. I even said, “You're happy that we are going to do this again.”

Cindy reported positive interactions with the child in the play session, but did not indicate whether their relationship in the classroom had changed.

A third teacher participant, George, described that having the play session with the child of focus was good for both of them. George felt good about being able to help the child and being there for the child. He also sensed that the child liked him. The child seemed to feel comfortable to share his family stories with the teacher. George described their interactions as follows:

Yes, he, he's like, very fond of me because his dad is never there. He works two jobs and he's never there and the mom is always taking care of the baby or watching TV. He tells me all these things. . . . Uh, so it's like, "Well, if I can help you, I'm here." It is good for me and also it's good for him.

The study by Solis (2005) found that all of the six teachers reported good relationships with their students before their kinder training and one of the six teachers reported improvement in her relationships with her students as a result of the training. In a study of kinder training, Edwards (2007) found that all the teachers reported improved relationships with their students. Though somewhat subtle, changes were evident and included that a teacher noticed that the child trusted her and looked forward to having play sessions with her; another teacher described that the child knew she cared about him from the look at the child's eyes; a third teacher emphasized her different perception of the child; and a fourth teacher described "a bond" with the child. In Helker's (2006) study, all of the teacher participants reported improved relationships with their students as a result of the CTRT program. The participants reported that they learned how to communicate with and respond to their students better. The CTRT program helped the participants to "bond with their students"; as one participant stated, "the training was especially helpful in showing teachers how to build relationships with their students" (p. 80).

## **ADVANTAGES AND DISADVANTAGES**

### **Advantages**

According to the teacher participants, there were advantages and disadvantages in being a teacher and a therapeutic agent to their students. Three of the four teacher participants (Cindy, Lora, and George) expressed the

advantages about having play sessions with their child of focus. Cindy believed that having known each other made it easier to start the play session. Since the child knew the teacher, she might feel more comfortable with the teacher than with someone the child did not know. Moreover, Cindy viewed that being with the child all day allowed her to observe the child better. She stated,

Yeah, that helped a lot, you know with her comfort level. She knows me very well, and feels comfortable with me. So, it wasn't that getting to know you stage of things where you know, everyone's a little uneasy, because you don't know them and you don't feel comfortable. She was completely comfortable and that helps quite a bit with the session starting off. . . . I can look at what she is doing in the classroom. I can see that better, because I am in here with her all day. And you know try to work on things, you know even in the classroom with her, working on things in a different way and a better way. So, I think there are a lot of advantages to being the teacher and the therapist.

Lora described how the play session might help her get to know and understand the child better. Once the child felt comfortable enough, the child would possibly share more of self. The loving and caring relationship built seemed to be an important element for later occasions when the teacher needed to discipline the child. Lora stated,

Well, the positive is going to be, I am going to get to know that student better and if, I get to know the student better, and if I get to know the student better, that's going to help me understand better why he or she reacts the way they do, uh, as I get to know them better and they feel more comfortable then naturally they are going to share things with me, and feel like sharing things with me, which can only be positive because if they feel that they've got someone that they can share things with, they're going to, uh, I think they'll respond better to you. Uh, I would also, think that, uh, if you are responding positively to a child, then I think when you do have to correct them, then they are not going to be as angry with you and are probably not going to react as strongly to you, because they know that you, uh, that you also care, I mean that you care about them because you are showing it in other ways.

George expressed his willingness and availability to help his child of focus, and a belief that the child needed help. When George was asked if he would have a school counselor help the child, he responded, "Well he doesn't speak English and they don't speak Spanish." The advantage for George to have play sessions with this child was that he was able to receive the training in English and then translate and use the play therapy skills in the child's primary language of Spanish.

### **Disadvantages**

Two of the four teacher participants (Lora and George) described there might be disadvantages for them to be both the teacher and the therapeutic agent to their child of focus. Lora was concerned that the child of focus might be confused about the different roles the teacher had with young children, especially when it came to discipline. Lora said,

I can see that maybe being a negative, and then also, when you have to respond to them, when you have to discipline them, then that can possibly send a mixed message to them, because, I know the counselors have made the comment that, you know, they really don't like to get, they try to stay out of disciplining the kids, or being the discipline for students because they want to feel like, that's not the role they want to play with the child, so I can see that being a negative, with, on the one hand, I am here to, you can do whatever you want to, and, you know, you can talk to me however you want you, you can't hurt me or anything but, basically that's what you are saying in play therapy, but then thirty minutes later when we're back in the classroom, it's like, "You can't talk to me that way I am your teacher." You know, so I can see that, especially to five or six year-old, I can see that being uh, very hard for them to figure, very confusing.

Another possible disadvantage Lora expressed concerned the attachment the child of focus might form with the teacher. She described that the child of focus might feel privileged, thinking she would not need to follow classroom rules like other children. According to Lora, the child had been "very whiney and she's

crying at every little thing” so she suspected it could be that the child felt she could behave this way. Lora made the following statement:

. . . probably a negative would be an attachment that the child would form to the teacher and feel like, either, “I am special so I don’t have to do what she tells”, or “I don’t have to do what the other kids are having to do, because I am special to the teacher.”

George had a similar concern that having play sessions with the child of focus might make the child feel special and over confident, and that ultimately might get him into trouble:

Yes, he’s been in more trouble this time, he’s being, I don’t know what’s wrong with him. He got confident but, this is too much, so he’s been in trouble, all this week and last week also, so, I’ve been talking with him a lot, just not the play therapy because sometimes he feels that’s a reward.

## **CONSTRAINTS**

The constraints the teacher participants described included the need for maintaining class routines and schedules, meeting administration expectations, having enough energy, regarding play therapy as a reward, and reluctance to try something new. One teacher participant, Lora, mentioned that having a big class size made it harder to use play therapy skills consistently. In order to manage the classroom, Lora thought the class would need more structure. She stated,

You know, we can’t do that. I, I feel like I’ve still got to have the guidelines, and some parameters here in the classroom, because with twenty-kids as opposed to one two there, you know, it’s going to be different. I’ve got to have, there’s got to be some structure. Uh, so, it would be hard for me to say.

Lora seemed to struggle with finding an appropriate classroom balance between permissiveness and structure, especially with a large class.

Lora described a situation where she believed a more directive role was needed because of the expectations under which she was working. She tried to

acknowledge that a child was tired and gave the child choices, but ultimately decided herself, what should happen as a way to meet administration expectations. She said,

You know, I've got to have, this is where that fine line between teacher and play therapist type thing comes in here you know, it, there's some times in the classroom where you just can't, you know, you can't just let them, you have to say, "Nope, this is what I've got. . . . This is the expectation." You know, because you've got to, you know, I have my expectations that are set for me, what I've got to do with them so.

Lora also discussed the effort involved in using play therapy skills responses as she expressed that everyone was tired and ready for school to end, including herself. The tiredness made it very challenging for her to not be demanding and controlling. She stated,

I'm really trying to use, to use, the little phrases, the play therapy phrases, to try to keep it as positive. I'm succeeding as well probably as I was at the beginning, because like I said the kids just seem to be off the wall. They're ready for the end of school. They're ready for school to be done. I'm ready for school to be done, uh, but we still have four more weeks and so it's, it makes it real hard to not just say, "Don't do that, get over here!" You know, it makes it real hard.

Her response seemed to demonstrate the additional energy and effort required in using play therapy skills.

A second teacher participant, Cindy, reported that she tried to use play therapy skills in the classroom; however, it was very challenging for her to change her routine and use the play therapy skills to get students ready to leave class. She said,

When we're trying to get ready to go and one's up by me wanting to talk to me and I say, "I know you really want to talk to me right now, but right now, I don't have the time, I will talk to you in just a minute." "Ok!" You know, rather than, just like, "Need you to go sit down, go, go." You know, acknowledging what they need from me and saying that I will give you what you need if you will wait just a minute, and they respond better to it.



It's hard to do it but I am trying to do it. It's just very hard. . . . It's the routine from you know, what I am already in is a routine and it's hard to change that.

When asked if they had a play session as scheduled, two teacher participants (Anna and George) responded that they did not get to have play sessions with their child of focus because of busy schedules. Anna said,

No I didn't. I didn't get to. He [the child of focus] asked me this week and I had to say, "No sweetie, we just got all these deadlines." And I've been, so I told him Wednesday, I said, "Ok guys I got, I need to finish this testing and get it ready!" But I have been doing busy work.

George said, "I was going to have one in one week but it was too busy and I couldn't." Using the play therapy skills appeared to require more time than teachers believed they could allow, while maintaining classroom routine and schedules.

George perceived play therapy sessions as a reward and thought the child of focus might think of them as a reward as well. In the following statements George explained the reason for skipping a play session with the child of focus: "I've been talking with him a lot, just not the play therapy because sometimes he feels that's a reward. . . . And, he needs to be more, you know, less rewarded, because he's not doing the right things right now." Though play therapy sessions are not configured as a reward system, this perspective limited the usefulness of the play sessions with this teacher.

George reported that it was difficult to use the play therapy skills at the beginning before seeing the benefits, saying, "I think it's human behavior to be reluctant to change for something new. You're like, 'Is it going to work?'" For George, it was both human reluctance to change and doubts about play therapy

that prevented wanting to use the new skills. Another teacher participant, Cindy, explained her reluctance in the following statement:

It's like, "Oh, well I should have said that." Or I should have responded to this, this way. You know, but when it's like, right there in the moment, you're just thinking too fast and what comes out is what comes out and you know, when you're learning something new it's hard to change it to that new thing that you've learned.

## **SUMMARY**

Research question two addressed how using play therapy skills with the child of focus led to changes in the teacher participants, changes in the child of focus and changes in the teacher-child relationships. Findings were generally consistent with the existing literature. The interview data also showed the teacher participants' perceptions of advantages and disadvantages of being a teacher and a therapeutic agent to the child, and their perceived constraints of using play therapy skills both with the child of focus and with other students in the classroom. The category themes of advantages and disadvantages, and constraints were new and informative in some ways since they were not discussed in previous studies.

The changes in teacher participants included changes in awareness, attitudes, skills, and emotions. The play therapy skills training appeared to make the teachers more aware of their response patterns and habits, and of their personal biases and beliefs. Regarding changes in attitudes, teachers' responses seemed to demonstrate an emphasis on caring and relating to a child, showing respect to students, and being empathic toward children's needs, feelings and opinions. Teachers reported the skills they learned and used, including skills of encouragement, returning responsibility, allowing children to make choices and

face the consequences, recognizing children's feelings, and noticing children more. Teachers described changes in emotions such as feeling hope and excitement, feeling less guilty, feeling more equipped, feeling more connected with students, and being eager to use the skills in a new semester.

Concerning teacher participants' views of the child of focus, different theme categories emerged, including unexpected behaviors in the playroom, expectations of verbalization and teacher involvement, positive changes observed in the child, and no changes and regression observed in the child. Teacher participants were aware they expected more verbal communication and involvement in the child's play. Positive changes were observed in two children of focus while no changes were observed in the other two children. The positive changes were: the child of focus felt more confident, the child was making progress and showing motivation in reading, the child was making new friends and helping others, the child seemed to enjoy school more and volunteered to solve problems on the board, the child finished all homework, and the child had stopped hitting other children.

Regarding changes in teacher-child relationships, it seemed that having one-on-one play sessions with the child of focus helped reduce teachers' frustration and stress with the child of focus, made both the teacher and the child feel more comfortable with each other, and also helped the teacher feel equipped to help the child.

Three of the four teacher participants expressed advantages in having play sessions with their child of focus. The advantages included: the existing relationship helped the child feel more comfortable starting the play session, the teacher could observe how the child was doing in the class, and play sessions

helped the teacher understand the child. Other advantages were that play sessions helped the child feel more comfortable with the teacher, knowing the teacher cared about the child, and for one teacher an ability to speak the child's primary language of Spanish.

Regarding disadvantages, one teacher participant expressed a concern that the child of focus might feel confused about the teacher's different roles in the playroom and in the classroom, and that the child might feel privileged and not follow classroom rules like other children. Based on teacher participants' reports, the constraints keeping the teachers from applying play therapy skills were: the need for maintaining class routines and schedules, meeting administration expectations, having enough energy at the end of the school year, regarding play therapy as a reward, and reluctance to try something new.

Overall, the changes found in teacher participants, in the child of focus, and in the teacher-child relationships were consistent with the existing literature. The theme categories of advantages, disadvantages, and constraints were new findings. Observing that a child regressed during the play sessions appeared to be a negative case and an unusual result with regard to previous studies. Significant findings will be discussed in detail in the discussion chapter.

## **Chapter Six: Discussion**

### **DISCUSSION**

The current study explored teachers' beliefs about children's play and play therapy by investigating the perceptions and experiences of a group of teacher participants who received play therapy skills training. The results of the study indicated that the play therapy skills training impacted teachers' views of play, play therapy, and children. The training also shed light on changes in teachers in terms of awareness, attitudes, skills, and emotions (Hess, et al., 2005; Solis, 2005; Helker, 2006; Edwards, 2007) ; changes in the child of focus (White et al., 1997; White et al., 1999; Solis, 2005; Helker, 2006; Edwards, 2007); and changes in the teacher-child relationship (White et al., 1997; Solis, 2005; Helker, 2006; Edwards, 2007). Several points of the findings deserve further discussion: (a) what did teacher participants think about play and how were their perceptions of play similar or different from those in previous studies, (b) what were teachers' changed views of play and what was observed about their beliefs about play, (c) what influences did the play therapy skills training have on teachers, and (d) what was observed regarding teacher participants' transferring their skills into a classroom setting?

### **Teachers' Perceptions of Play**

In general, teacher participants' perceptions of play in this study were similar to those in previous studies in terms of play as enjoyment (Spielberger, 1999; Ranz-Smith, 2001; Riojas-Cortez & Flores, 2004), self-expression (Spielberger, 1999), pretend (Spielberger, 1999), and social development

(Spielberger, 1999; Riojas-Cortez & Flores, 2004). The perception of play as enjoyment was expressed by all four teachers in their first interview, while two teachers described play as children's self-expression and communication. Both teachers expressed the limitations of children's verbalization to express themselves, and that play provided children a means for doing so. Play in play therapy was described as a way for children to express themselves in ways they might not be able to, otherwise. This appeared to be new and challenging knowledge for teachers to assimilate, because teachers later described struggling to let go of valuing verbalization when they began play sessions with their child of focus. The pretend quality of play also seemed to support children's self-expression. Whether it was real or make-believe, children could make toys or objects into what they wanted.

In both initial and later interviews, the teachers described play in terms of social development and understanding rules. Through observing children's play interactions, teachers developed perceptions of how children felt about themselves in terms of being a leader or a follower. In contrast to a number of studies (Bennett, et al., 1997; Kemple, 1996; Einarsdottir, 2001; Keating et al., 2000; Ranz-Smith, 2001; Riojas-Cortez & Flores, 2004; Moon & Reifel, 2008), relatively little emphasis was given by teachers to the concept of learning through play. The only time learning was mentioned was by one teacher who described in a very general way that children sometimes learned things as they played. In spite of mainly similar findings on teachers' views of play, in the current study, the views of play in terms of learning and changed views of play were different from other studies.

It appeared that the teacher participants did not have a strong connection between play and learning. Even though play has been widely studied and advocated by scholars and educators for early childhood teachers and supported by NAEYC, the theory and research findings that suggested children learn through play did not seem to be practiced or conceptualized by the teachers in this study. One possible reason could be that the teachers in previous studies were all in either preschool or kindergarten positions; however, the teachers in the current study taught kindergarten, first grade and second grade. Play seemed to be emphasized more only during the preschool years (Bennett et al., 1997). This may suggest that more education on the value and importance of play for children in terms of learning will be needed both in early childhood education and in elementary school education. In addition, it will likely be important for the curriculum developers, the schools, the parents, and the community to support play-based curricula for children. Having special trainers to train teachers to integrate play into children's learning experiences would seem like an effective method for supporting play as a part of teachers' pedagogical work.

### **Changed Views of Play**

In this study, teacher participants changed their views of play as a result of the training, especially the real experiences they had in using the play therapy skills with children. Among all of the themes related to perceptions of play, changed views of play appeared to identify new findings. Previous studies (Solis, 2005; Helker, 2006; Edwards, 2007) did not appear to explore teachers' perceptions of children's play and play therapy during the play therapy skills training process. All four teachers seemed to change their perceptions of play to views that were more consistent with the perspectives of play therapy. The play

therapy skills training seemed to give the teachers an opportunity to see children's play through a different lens (Frost, Wortham, & Reifel, 2008) and offered them a chance to have a different view of their role as a teacher. In their changed views of play, teachers perceived their role as a follower and an observer, and play as a means of children's expression and communication. Based on their changed perceptions of play, children's play was more than simply playing, having fun, and interacting. Teachers' views of play expanded to include that children used play to tell what they were going through and to express their feelings. They perceived play as having meaning and being symbolic in nature. Teachers also began to examine their role as a follower and an active observer, with one teacher clearly describing herself as a less dominant figure in her relationship with the child of focus. Teachers' perceptions of play emphasized the child playing with toys rather than playing with the teacher, seeing themselves as less significant to the child's play activity.

It was evident that teachers' views of play were changed and shaped to be more consistent with the ideas of play therapy. It appeared that the training had a direct influence on teachers' perceptions of play. One possible reason could be that because the training was voluntary, the teacher participants who made a decision to participate in the training were more likely to learn or change in terms of their ideas about children, play, play therapy, and themselves. Moreover, the nature of the training may also have contributed to teachers' changed views of play. The training not only included teaching, it also involved watching video tapes, role playing, and actually applying the play therapy skills with a child. The personal experiences possibly reinforced and validated the perceptions of play in terms of play therapy.



With regard to teachers' perceptions of the role of play, it seems possible to infer that play was perceived more as a means toward better relationships rather than for its inherent value. Teachers did not describe play as a means for learning and according to later interviews, teachers still struggled with the idea that children communicated through play rather than verbalization. From the responses of the teacher participants, it seemed that teachers might have emphasized the importance of verbalization, rather than the importance of play itself. Play therapy is based on the belief that children use play as their language instead of words (Landreth, 2002). Yet, it did not seem natural for teacher participants to connect a good outcome with low verbalization with the child. One teacher participant seemed to struggle to believe it was alright if the child did not want to talk. The valuing of verbalization as a way of feeling connected again implies that relationship enhancement was a primary goal rather than the support of play itself.

Changed views of play appeared to benefit teacher participants. The different perceptions allowed teachers to better understand children's play and children in that play was not meaningless or random, but expressions of children's world and feelings. As a result of better understanding children and children's play, teachers did not seem to get as frustrated when children acted out. However, based on what was observed about teachers' expectations of children's verbalization in the playroom, it appeared that teachers' views of play might tend to focus on how play affected the teacher-child relationship, instead of the value of play itself. Even though the teacher participants changed their views of children's play as a result of the play therapy skills training, there was no evidence that teachers valued children's play more and applied it in their

teaching. From the results of research question two, teachers described using play therapy skills and seeing children in a more caring and empathic way. However, children's play was not emphasized. These results suggest that based on teachers' lack of connection between play and learning, their struggle with expecting verbalization, and one teacher's use of play sessions as a reward, teacher education curricula should place more emphasis on the value of play in children's development. Teachers' perceptions of the role of play in children's development remains an important area that deserves continued research.

### **Influences of Play Therapy Skills Training on Teachers**

The play therapy skills training impacted not only teachers' perceptions of play and play therapy, but also teachers' awareness, attitudes, skills built, and emotions. One teacher participant described that she realized that in play therapy, children lead and decide what to play, how to play, and what to talk about, and that play therapy was not just for children who had been traumatized. A second difference the teacher noticed was in the role she played in the playroom; instead of being a playmate, she was more of an observer. Another teacher described the process of learning play therapy skills as surprisingly positive, finding the skills useful and practical. This teacher seemed to express insight into what changed his perceptions of play therapy by emphasizing how he could put the skills into practice. Again, this supports the idea suggested earlier about possible reasons for teachers to change their perceptions: personal experiences. A third teacher described her initial lack of understanding of play therapy by not perceiving any meaning in children's play. But later the teacher expressed a changed perception of play in play therapy by viewing play as symbolic of what children know, have seen, and have experienced. The teacher

began to see play as a way of understanding the child's life and how the child felt about certain parts of the child's life.

It appeared that changed perceptions of play therapy were related to teachers' experiences of actually using play therapy skills. The teachers went from having doubts about play therapy to starting to see its value and benefits. Changed views of play allowed teachers to see children and children's play differently, and ultimately that helped reduce teachers' stress and frustration. Similarly, as the teacher participants were able to experience the benefits of using play therapy skills, their stress and frustration were positively affected.

The play therapy skills training appeared to make the teachers more aware of their response patterns and habits, and of their personal biases and beliefs. One teacher described that the training gave her insight into the child of focus and into herself. The training increased her self-awareness and allowed her to think about what she needed to change in herself. This insightful reflection was similar to the finding in the study of Hess et al. (2005) when one teacher offered a new perspective on the kinder training, stating "I think that the training changed, instead of my view of the children, it was more my view of myself."

The play therapy skills training also affected teachers' attitudes toward children. Teacher participants' responses seemed to demonstrate an emphasis on caring and relating to a child as a person rather than just a student or a product of education. Concerning attitude changes in terms of respect, one teacher expressed her efforts to show respect toward her students by using a respectful tone rather than a critical tone. The teachers also showed changes in attitudes in terms of empathy toward children's needs, feelings, and opinions, wanting children to feel heard and understood. Teachers' statements indicated

they were not just thinking about the child of focus, but other children as well, suggesting they had begun to generalize a more personal, caring, and respectful attitude toward children in their classrooms. Teachers' skills also seemed to generalize from the child of focus to the classroom.

The play therapy skills training provided skills the teachers used that supported and expressed attitudes of care and respect. Skills that were practiced included recognizing children's feelings, encouraging children, returning responsibility, allowing children to make choices and face consequences, and noticing children more. Through the skill of encouragement, teachers learned to emphasize the child's effort and even acknowledged how the child might feel about her own effort, rather than offering praise (White, et al., 1999; Solis, 2005). Acknowledging feelings allowed teachers to convey that they really listened to children. Teacher participants expressed their desire to give students choices, and allowed them to face the consequences of their choices. Teacher participants also appeared to learn to observe children more closely as they developed their play therapy skills. Teachers' statements suggested that teachers applied the skills they learned not just with the child of focus in the playroom, but also with other children in the classroom. This process of transferring attitudes and skills from the child of focus to other children in the classroom implies that the process of play therapy skills training with a single child is applicable to changing teachers' classroom attitudes and classroom interactions.

Generalizing play therapy skills from the child of focus to other children in the classroom was probably supported, but was not the main goal of the training; however, teachers appeared to be internally motivated to do just that. Teachers'

motivation for generalizing play therapy skills appeared to be supported by several factors: personal changes in teachers' themselves, teachers' liking and valuing what they experienced, and teachers' perceiving beneficial results with children. The training and experiences led to changes in teachers' perceptions of children and of their relationships with children so that teachers reduced their biases and frustrations, and increased their understanding and acceptance toward children. These personal changes would have supported an internal source of influence on teachers' perceptions and motivations. Teacher expressions of liking the training and their experiences with using the play therapy skills were common across teachers and interviews, providing a source of reinforcement for generalization. Teachers enjoyed their experiences of the training and perceived positive results with children and in their relationships with children. In early interviews, teachers expressed wanting to be good teachers, conveying a genuine interest in the teaching process and in children themselves. Emphasizing relationship building through play therapy skills may have given teachers a way to meet their desire to connect with children and to meet children's needs, encouraging the generalization of the skills in their current classroom and in future classes.

The play therapy skills training influenced teacher participants' emotions in a variety of ways, including that teachers showed hope and excitement, felt less guilty, felt more equipped, felt more connected with students, and showed eagerness to use the skills in a new semester. Three of four teacher participants expressed their desire and excitement to use the skills in a new school year. One teacher described how much he liked the skill of allowing his students to make a choice and face the consequences of their own choice, reducing the guilt he

sometimes felt. Another teacher described how the training helped her to reduce stress, remain calm and manage the classroom. She also described how excited she was to see the changes in the child of focus and the relationship with the child in the classroom. The play therapy skills helped her to relate to the child of focus and her other students in the classroom not just in terms of teaching, but in a more personal and emotional way as well.

From the previous discussions, two conclusions seemed evident: teachers generalized play therapy skills from the playroom to the classroom and a pattern seemed to emerge in the influence the training had on teachers. The pattern seemed to start from the experiences of the training. The experiences gave teachers an opportunity to reflect on their views of children and their ways of responding to children. Teachers' awareness of biases and the need for changing oneself seemed to create a more accepting and caring attitude toward children. The statements the teachers made indicated their changed perceptions of children. It seemed that the teachers were able to see children with a more caring and sensitive attitude (Draper et al., 2001; Hess et al., 2005; Solis, 2005; Helker, 2006). The changes in attitudes supported play therapy skill use and building. The experience of using the skills reinforced teachers' awareness and attitudes. Teacher participants also started to see benefits and that ultimately affected how they felt as a teacher. This circular relationship of experiences, awareness, attitudes, and skills development led to positive emotional responses that supported using the play therapy skills. This pattern likely facilitated the generalization of the skills from the playroom to the classroom and from the present toward the future.

## **Transferring Play Therapy Skills to the Classroom**

Some factors supported the generalization of play therapy skills to the classroom and other factors reduced the likelihood of generalization. Teachers' perceived positive changes in the child of focus seemed to support the generalization of play therapy skills and included increased confidence, progress on reading, the child's feeling proud of his/her own behavior or conduct, more participation in class activities, helping other students, and enjoying school more. Two teachers did not perceive positive changes in the child of focus. In spite of this perception, these two teachers still perceived benefits in having play sessions with the child and using play therapy skills. There was no evidence that their interest in using play therapy skills in the classroom was inhibited by their perceived outcomes with their child of focus. Even though the training did not require applying the skills with other students in the classroom, all the teacher participants showed interest in making this effort. Teachers perceived that using play therapy skills helped them build better relationships with children, interact with children more positively, manage the class more effectively, and ultimately reduce their stress and frustration. The teachers expressed that they were glad to receive the training and were eager to apply the play therapy skills in the future.

Of the two teachers that did not report positive changes in the child of focus, one teacher described that the child of focus seemed to "regress" and the other teacher described that the child was still immature and still needed extra attention. The perception of undesirable behaviors in the children appeared to be a different and new finding from previous studies (Solis, 2005; Helker, 2006; Edwards, 2007); however, play therapy research does suggest that for some

children, problem behavior may continue to be observed through early play sessions. In early work on the play therapy process, Moustakas (1955) suggested that a first stage of the play process could be characterized by unfocused play and scattered negative feelings. In a more recent study by Ray (2008), parents generally rated children's behavior as more negative during the first three to seven play sessions. The children these teachers conducted play sessions with might have needed more sessions before a positive outcome could be observed. Also, it was not clear how well the teachers applied the play therapy skills with their child of focus and whether or not their skills would affect the outcome. Further research is needed on the relationship between play therapy skills proficiency and positive outcomes, especially when skills are provided by teachers.

Another factor that supported generalization was perceived improvement in teacher-child relationships. Teacher participants perceived that play therapy skills helped them change stressful relationships with the child of focus to be more comfortable. One teacher described that play sessions allowed her to pay attention only to the child and meet the child's needs, and gave the teacher a way of interacting with the child without getting frustrated. Another teacher described that having the play sessions with the child of focus was good for both of them. The teacher felt good about being able to help and being there for the child. The child seemed to like the teacher and felt comfortable to share his family stories with the teacher. As a result of using play therapy skills, teachers seemed to change their perceptions of the teacher-child relationship to be more positive. Without observing teacher-child relationships or knowing children's reactions it would be difficult to conclude that relationships were improved for



teachers and children. However, teachers' perceptions that relationships were improved were valid for teachers.

Besides perceiving positive changes in the child of focus and in the teacher-child relationship, teacher participants described positive experiences in their relationships with children and with regard to managing their class, suggesting that play therapy skills altered perceptions of how parts of the classroom operated, especially when dealing with difficult issues and discipline needs. Play therapy skills were perceived as a way to discipline with care and understanding as the skills helped teachers see different qualities in children and know what a child felt and wanted. Teachers perceived that the skills would help them understand children's behaviors and thus, reduce their tension and desire to unnecessarily punish. The skills appeared to impact teachers' perceptions of conflict management in the classroom. Teachers perceived two positive benefits: their own negative reactions to conflict were reduced and children's responses to discipline and limits were improved.

Choice giving contributed to teaching children responsibility and reducing teachers' guilt. Allowing children to make a choice and accept the consequences helped one teacher notice that children were able to make good choices about doing their work and getting along with others. The experiences of allowing children to make choices seemed to change teachers' perceptions of children's ability to act responsibly. Like dealing with difficult issues and discipline needs, choice giving also appeared to change teachers' perceptions about managing certain interactions in the classroom.

Teachers identified several factors that made use of the play therapy skills in the classroom challenging. One teacher participant described that it was

difficult to alter existing routines, such as getting students ready to leave class. Another teacher participant expressed that having a big class size made it harder to use play therapy skills consistently. In order to manage the classroom, the teacher thought the class would need more structure. The same teacher described that she believed a more directive role was needed because of the expectations under which she was working. Tiredness at the end of the school year also made it very challenging for her to not be demanding and controlling toward her students. These responses identified several important factors that might affect the use of play therapy skills in the classroom: teachers' perceptions of the permissiveness, time, and energy required in using play therapy skills. Teachers appeared to want to use play therapy skills in the classroom; yet, perceived a need for more structure and control than play therapy skills might offer. Finding an appropriate classroom balance between permissiveness and structure, especially with a large class, may be a significant issue in generalizing play therapy skills to the classroom. This issue seemed to be an important area for future research and does not appear to have been closely examined in previous studies.

Another challenging issue in applying play therapy skills in the classroom was the perceived difficulty of being both a teacher and a therapeutic agent to the child of focus. One teacher participant suggested the child might feel confused about the teacher's different roles in the playroom and the classroom. The teacher might also have felt confused with her different roles. Being in both roles is complex and if a teacher does not have a clear, firm sense of the boundaries of permissiveness, the teacher and the child may become confused about what behaviors are acceptable in the playroom versus the classroom.

Understanding and setting boundaries on permissiveness appears to be a primary area that must be addressed in order for the play therapy skills training to be transferable from the playroom to the classroom. If teachers understand their boundaries and limits, and can integrate the play and classroom experiences, then they will have an additional method for classroom management (White et al., 1999; Hess et al, 2005; Solis, 2005; Edwards, 2007). Based on what was observed in this teacher's experiences, it appeared that several important issues needed to be addressed concerning how to transfer the skills from the playroom to the classroom with the child of focus.

First, the difficult areas the teachers encountered should be identified, such as what behavior may be tolerated or permitted in the playroom versus the classroom. Second, transferring the play therapy skills from the playroom to the classroom is not an easy task; teachers need supervision and support for doing this. A trained supervisor, available after the conclusion of training could continue to address new issues and support teachers' ongoing efforts to use play therapy skills. Third, the complexity and difficulty of blending the roles of teacher and therapeutic play agent could be examined more closely to identify the struggles teachers experience. The struggles could include teachers' transferring roles from being more of a leader to being more of a follower, and from being more directive to less directive. These issues lead to a central question about the purpose of play therapy skills training for teachers: are play therapy skills learned in order to use them with children in the classroom or a playroom? If the skills are learned with a single child in order to transfer skills to the classroom, then issues such as differing boundaries of permissiveness are a temporary concern in the training process. But if the intent of learning play therapy skills is to continue play

sessions with different children over time, the issue of coexisting roles within one person, the teacher, will require further investigation.

Based on the three points discussed above, a follow-up study could include interviewing teachers who have completed play therapy skills training to explore their experiences of applying play therapy skills in the classroom. Teachers' perceptions of their own struggles and what they view as complicated about being in both roles could identify areas in which teachers need more support or supervision. An additional training need could involve discussions prior to the beginning of training with school administrators, teachers, and the play therapy skills trainer about what behaviors would be permitted in the playroom and how transferable this would be to the classroom.

#### **LIMITATIONS OF THE STUDY**

There were several limitations to this study. The first limitation was the small size of teacher participants involved in the study. Due to the nature of how the play therapy skills training was set up in the school, only four teachers volunteered to participate in the training and in this study. Second, the data collection process did not start before the training began as the researcher planned, because of the challenges of communication and scheduling to meet all four teachers at convenient times. Rather, interviews began during the second week of the training process. Third, with regard to the training process, the researcher was not present during the training process and so had limited knowledge of how the training was conducted, and the researcher had minimal contact with the trainer during the interview process. Lastly, this study involved both English-speaking and Spanish-speaking teachers. The play therapy skills trainer, who was the school counselor, did not speak Spanish so language

proficiency may have presented a limitation. Two bilingual teachers applied the play therapy skills in Spanish with their child of focus. It was not clear how the teachers translated what they learned into Spanish, as a major part of the play therapy skills were based on the English language.

## **RESEARCH IMPLICATIONS**

Based on the results of this study, a significant number of conclusions from previous studies were supported (Solis, 2005; Helker, 2006; Edwards, 2007). It was determined that the play therapy skills training led to changes in teachers' perceptions of children, children's play, and play therapy. The training also resulted in changes in teachers, the child of focus, and the teacher-child relationship. The teacher participants were able to apply the skills not only with the child of focus, but with other children in the classroom. The teachers reported a reduction of frustration and stress. The teachers also expressed positive emotions about learning the play therapy skills and applying them. Even though they reported some challenges and difficulties in learning and applying the play therapy skills, the teachers were able to transfer at least a portion of their skills from the playroom to the classroom.

Several conclusions could be drawn from the results of this study. Play therapy skills training facilitated teachers' understanding of children and children's play. However, in teacher education the value of play and the role of play in learning could receive greater emphasis. The process of learning play therapy skills with an individual child appeared to support transferring play therapy skills into the classroom. The generalization of play therapy skills to the classroom presented challenges in balancing classroom structure with the permissiveness associated with play therapy skills. The training was an effective

tool for teachers to build better relationships with their students, help them manage their classes, and reduce teachers' stress and frustration. According to all four teacher participants, it was hard and challenging to be a teacher. Teachers need practical help with disciplining children and managing classes while other duties keep them occupied. If the play therapy skills training can offer some help to better prepare teachers to deal with children and manage their classes, it may well be worthwhile to consider implementing the play therapy skills training into teacher education.

### **RECOMMENDATIONS FOR FURTHER RESEARCH**

Several recommendations can be made based on the results of this study.

1. Conduct a follow-up study to examine whether the teacher participants have been able to continue using the play therapy skills and whether they continue to observe positive changes in themselves, in children, and in teacher-child relationships.
2. Conduct studies with additional subjects. Additional studies could check for validation of this study's results and generate more understanding of teachers' struggles in applying play therapy skills in the classroom.
3. Investigate teachers' challenges of assuming a dual-role relationship (a teacher and a therapeutic play agent) with children and develop a training model that will provide better support and supervision for integrating these roles.
4. Teachers in this study seemed to struggle with the connection between play and learning, and the value of play itself. Continued research is needed to explore if and how teacher education meets teachers' needs for understanding the value of play in children's development.

Young children's development and mental health is often negatively affected by concerns such as domestic problems, poverty, and drug and alcohol abuse, increasing the need for early intervention. The challenging children in classrooms may be the very children who need extra support. Like parents or other major caregivers, teachers can play a critical role in children's development and mental health. Play therapy skills training can offer teachers ways to connect with children, especially the challenging children who cause a significant amount of teachers' frustration and who most need support. The play therapy skills training helps relationship building between teacher and child, and that ultimately may serve children's needs and help teachers better manage their classes. Play therapy offers the possibility of hope for teachers to build relationships with children who are perceived with challenging behaviors.

## **Appendix A: Some Examples of Interview Questions**

1. Tell me about yourself.
2. Tell me about your experiences of being a teacher.
3. Tell me about your interactions with your students.
4. What do you think of yourself as a teacher?
5. Tell me about your students.
6. When I say the word “play”, what comes to your mind?
7. When I say the word “play therapy”, what comes to your mind?
8. Tell me about the training.
9. Tell me about the child you are focusing on.
10. Tell me about your play session with the child.
11. How do you feel about the play session?
12. What do you think of the play behaviors during the play session?
13. Tell me your interactions with the child during the play session and  
in the classroom.
14. Tell me about your experiences of using play therapy skills.
15. How do you feel about using those skills?
16. What have been your observations of the child since the play  
therapy session?



## **Appendix B: Data Categories**

### **I. Perception of play, play therapy, and play therapy skills training**

#### **A. View of Play**

##### **a. Play and enjoyment**

a.1 Relaxing

a.2 Fun and enjoyable

a.3 Doing things you like to do and make you happy

##### **b. Play and Learning**

##### **c. Play as a reward**

##### **d. Play and social and communicative aspects**

d.1 Alone or in a group

d.2 A way for children to tell others about themselves

d.3 Share with other children

d.4 Rules and structures

##### **e. Play and Self-Expression**

##### **f. Play and Pretend**

#### **B. Changed view of play**

a. Playing and having a good time learning different things---  
acting out what they see everyday

b. Playing with a child and having a good time---a child  
playing while she is in a small corner watching the child

c. Doing something you like to do depending on different  
personalities and interests---a child in a room full of toys  
and is allowed to use those toys to express

- d. Doing something he likes to do like playing basketball---  
manipulate toys and pretend, and a kid playing silently

### C. View of play therapy

#### a. Structure of play therapy

- a.1 Organized, very structured, and educational
- a.2 An observer and a player
- a.3 Roles reversed—the child leads
- a.4 Kids play with toys

#### b. Functions of play therapy

- b.1 A door into a child's world---understand the child better
- b.2 A helpful tool to talking to kids, seeing different things in them, interacting and relating to them
- b.3 A better way of disciplining, instead of yelling or punishing
- b.4 A good outlet for kids---acting out what they see everyday
- b.5 A way of building a safer relationship
- b.6 Kids are allowed to play, express their feelings through play

#### c. Responses to play therapy and play therapy skills training

- c.1 Initial Responses to Play therapy and PTS Training
  - c.1.1 Hopefulness and possible benefits

c.1.2 Challenges of new skills

c.1.3 Potential limitations and concerns

c.2 In-process Responses to PT and PTS Training

c.2.1 Positive responses

c.2.2 Challenges of using play therapy skills

c.2.3 Potential limitations and concerns

c.2.4 Reactions to the training process

D. Changed view of Play therapy

a. Teacher directs to child directs

b. No involvement in the child's play or questions asked---  
very different from typical counseling

c. Go and play---what will that do to help---once you used it,  
you can see how it works

II. Perception about the child of focus, teachers themselves, and the  
relationship with the child

A. View of the child of focus

a. Unexpected behaviors in the playroom

a.1 Didn't give up easily

a.2 The child enjoyed the special time with the  
teacher

a.3 Very excited in the hallway but quiet down in the  
playroom

a.4 Not much verbal

a.5 The child wasn't shy, very energetic and excited

- a.6 Engaged and shared lots of his family
    - a.7 Play alone, didn't engage the teacher
    - a.8 Made better choices
  - b. Expectation of verbalization and teacher involvement
  - c. Positive changes in the child
    - c.1 More confident
    - c.2 Progress and motivation in reading
    - c.3 Make new friends
    - c.4 Helping others
    - c.5 Seem to enjoy school more
    - c.6 Volunteer to solve problems on the board
    - c.7 Do all of his homework
    - c.8 No hitting others
  - d. Immature
  - e. Still need attention
  - f. Regressing—talks with a baby voice
- B. Changes in the teacher
- a. Awareness
    - a.1 skills
    - a.2 opportunities
    - a.3 expectations
    - a.4 weakness
    - a.5 the importance of the relationship with the child
    - a.6 insight of self and the child
    - a.7 bias toward the child

b. Attitude changed

b.1 More respectful and receptive

b.2 Empathy

b.3 Sensitive to the child's needs

b.4 More positive in talks and attitudes

b.5 Motivation to change

b.6 Used to have doubts but could see the benefits  
now

b.7 Focus on children more than the textbooks

c. Skill built

c.1 Use skills of encouragement---emphasis on efforts

c.2 Return responsibilities--- allow kids to choose and  
face consequences

c.3 Notice more---a better observer

c.4 Recognize children's feelings more

d. Emotion changed

d.1 Show hope and excitement

d.2 Feel less guilty

d.3 Feel more equipped

d.4 Feel more connected with the students

d.5 Show eagerness to using the skills

C. Changes in the relationship

a. The child feels more comfortable with the teacher and vice  
versa

b. The child is fond of me

- c. Doing PT with the child strengthen our relationship
- d. The child feels special and the teacher feels good because the child wants to have play sessions with her/him

#### D. Constraints

- a. Maintaining class routines and schedules
- b. Meeting administration expectation
- c. Having enough energy
- d. Human nature-reluctant to try something new
- e. Regarding play therapy as a reward

#### E. Advantages and disadvantages

##### a. Advantage

- a.1 The child feels more comfortable with someone he/she knows
- a.2 Help understand the child's behaviors in the classroom
- a.3 Let the child know that you care
- a.4 The child doesn't speak English and the counselor doesn't speak Spanish
- a.5 Parents don't feel comfortable or just don't want to refer their child to a school counselor
- a.6 The child has already had a relationship with the teacher in the classroom
- a.7 Can use the same skills with other kids as well

b. Disadvantage

b.1 Attachment

b.2 The teacher's different roles could be confusing to the child

b.3 The child feels special so he/she doesn't have to do what he/she is asked to do

b.4 The teacher has tendency to go back to the old teacher style

b.5 The child feels too confident---starts getting into troubles again

## Appendix C: RELATe Training Agenda

### Session #1

- Pick a toy
- Why use play
- Therapeutic uses of play
- Purpose of course and reflective listening
- Reflective listening practice
- Communicating needs through feelings
- View *Life's First Feelings* clips
- Motivation behind behavior
- Feelings handouts
- Child of focus
- Fishing Drawing of class
- Appointment cards
- Examine toy list
- Poem—*Come Play with Me*

### Homework

1. Something new you observed about your child of focus this week.
2. Write down two different emotions you saw your child of focus display and the circumstances.
3. Tell your child of focus you are taking a class to learn how to play with them.



## Session #2

- Discuss child of focus
- Fish drawing
- Review homework
- Handout—Tenets for relating to children
- Handout—Facilitating reflective communication
- Handout—Example responses
- Child centered video with tally sheet
- Discuss tally sheet
- Handout—Basic propositions of child-centered play therapy

## Homework

1. Complete BASC on child of focus.
2. 30-second burst of attention.

### Session #3

- Share 30-second burst of attention and reflection of feelings experiences
- Reflecting feelings practice—Handout
- Child-centered video and continue on tally sheet
- Play session structuring and responses—Handout
- Basic rules for RELATe sessions—Handout
- Partnered practice in playroom

### Homework

1. Write down two returning responsibility phrases you used with your child of focus and how he/she responded.
2. Write down two encouraging responses you used with your child of focus and how he/she responded.
3. Complete BASC on child of focus.

#### Session #4

- Collect BASC's on child of focus
- Review homework on different types of responses
- Decide on play session day and time
- Explain appointment cards
- Discuss toy kit checkout sheet
- Reflecting of feelings session practice—Handout
- Limit setting/ ACT handouts
- Setting the limits: Examples—Handouts
- Watch *Therapeutic Limit Setting in Play Therapy*—Dr. Landreth's video

#### Homework

1. RELATe play session in classroom with child of focus.
2. Write in journal about session experience (positive and negative comments).
3. Post-it note with a character quality on it for child of focus.

### Session #5

- Discuss play session experience with child of focus
- Complete ACT examples together
- Explain steps in choice-giving handout
- Watch *Choices, Cookies, & Kids* video by Dr. Landreth
- Overview of childhood development and how it relates to play

### Homework

1. RELATe play session in classroom with child of focus.
2. Write in journal about session experience (positive and negative comments).
3. Practice giving a choice to your child of focus.

## Session #6

- Discuss play session experience with child of focus
- Mega blocks—Communication activity
- Explain handout on the benefits of encouragement versus praise
- Encouragement versus praise examples game
- Set up days and times in playroom to videotape sessions
- Discuss how to use VCR
- Handout blank videotapes

## Homework

1. RELATe play session in classroom/playroom with child of focus.
2. If videotaping, pick out a 10 to 15 minute segment to share with the group.
3. Read articles on encouragement versus praise.

## Session #7

- Fish drawing of class (compare and contrast)
- Complete post testing BASC's
- Discuss *The Risk of Rewards* Article
- Pearls of wisdom for all parents—Handout by Dr. Bratton
- *Autobiography in Five Short Chapters & Butterfly* story
- Rules of thumb and other things to remember—Handout
- Share tape clips from playroom sessions
- Offer feedback
- Discuss final session party

## Session #8

- Read beginning comments on child of focus
- Compare and contrast beginning and ending comments
- Share clips from play sessions
- Watch *Understanding Play Behavior and Themes in Play Therapy* video by Dr. Landreth
- Read *The Story of Teddy Stoddard*
- Present RELATe certificates

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